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Addresses and Papers

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[*Held in LIVERPOOL, JULY 27th, 28th, and 29th*, 1859.]

ON OXYGEN AS A THERAPEUTIC AGENT.

By S. B. BIRCH, M.D.

[*Concluded from p.* 1035.]

As to conditions of the organism contraindicating the employment of oxygen, or in which it ought to be exhibited with extreme caution, no stringent rules can be offered. A few hints, sufficiently suggestive to the professional inquirer, will alone be needed. *Du reste*, each case must be considered on its own merits.

Both functional and organic affections of the heart, when accompanied with much nervous and vascular excitement, will, as a rule, decidedly negative its use. With a constitutional predisposition to nervous hyperæsthesia, where the slightest causes derange the heart's action, in impulsive and sensitive temperaments, there seldom will be found much satisfaction from oxygen. This obtains especially in subjects who have been the victims of chronic functional derangements calculated to upset cerebro-spinal equilibrium, and to induce morbid sensitiveness. A grave distinction, however, should be drawn between rapid pulse thus almost constantly present, and that arising purely from the presence of disease. It seems almost superfluous to guard the educated practitioner against the use of the gas in acute inflammatory attacks and aneurismal tumours. I have already intimated that cases of long continued spanæmia, in which the *vis vitæ* or *vis medicatrix naturæ* has been slowly and insidiously undermined, would rarely confer any credit upon the practitioner who might be led to make the most earnest trial of oxygen. Indeed, in all chronic cases of extreme debility, with spanæmic condition and imperfect digestion and assimilation, oxygen, if tried as a last resource, must be employed in very small doses. Large ones, even two or three, in such cases, will invariably tend to lower the vital powers, to increase the preexisting coldness of skin and extremities, pallor, sallowness of countenance, and general lassitude; nor may a patient for many days recover from the effects of one large inhalation.

The following carefully noted clinical facts, which have from time to time come under my personal observation, will, I trust, assist to illustrate my position. They are by no means adduced as testimony of therapeutic success, but simply selected as indicative of the peculiar power to which oxygen may justifiably lay claim.

CASE I. Nearly three years ago, Captain M., long a sufferer from diabetes mellitus, consulted me as to the probability of oxygen proving serviceable in his case. He told me that he had consulted and been for a lengthened period under the care of the most eminent physicians in London and Paris; that he was becoming gradually weaker and thinner; and that forced residence abroad had been the only available means to prevent a rapid progress of the disease, which always became seriously aggravated whenever he remained in England. I advised a trial. In a few days, the harsh, dry, feverish condition of skin, so common in this affection, was removed; and the thirst, as well as dryness of mouth and fauces, were much less distressing. The treatment was continued scarcely three weeks, during which the most marked advantage was derived from it—great improvement in the general health, increase in weight and strength, and great diminution in quantity of urine. Unfortunately, I could not get any samples of the fluid. This gentleman expressed himself as highly gratified, and then started for France. I have latterly observed his name several times in the public journals, but have had no opportunity of knowing his subsequent history.

CASE II. Miss D., in the last stage of phthisis pulmonalis with respirations from 30 to 40 per minute, pulse 120 to 135, with profuse purulent expectoration, and every two or three days considerable hæmorrhage, with alarmingly increased prostration, found instant relief to the urgent dyspnœa after the first dose of oxygen, which likewise produced a pleasant warmth, and removed the "feeling of sinking" within the chest. During the following night, hæmorrhage again took place; but the blood was more coagulated, and the chest was much relieved by it. No further hæmorrhagic attack occurred for three weeks. For five months I treated her, myself administering every dose for the first six weeks. Vomicæ from time to time opened suddenly, discharged their contents, and then apparently contracted and cicatrised. Improvement was extremely slow, but progressive, as long as she remained in my hands. Her friends then removed her, other practitioners assuring them that she never could recover. She then retrograded, and died six months afterwards.

I ought not to omit naming that the oxygen in one week restored her appetite, and removed her craving for liquids; that her weight (only 5 st. 5 lbs., while her height was 5 feet 5¼ inches) underwent no increase for four months and a half, but then in a single fortnight improved to the extent of two pounds and a half; and that she could at length walk several miles daily, with pleasure and advantage.

CASE III. A gentleman's coachman came to me, labouring under extreme debility, with constant liability to profuse —alternately hot and cold—perspirations after the slightest exertion; yet compelled, from cutaneous relaxation, distressing chilliness, and icy-cold extremities, to wrap up in a thick great coat in warm weather. He said that he had for twelve months tried several of the principal London hospitals, but without the slightest benefit. He appeared to have no *special* malady, except dyspeptic symptoms and imperfect assimilation. The first dose of oxygen acted almost like a charm, and made him thoroughly and comfortably warm from head to foot, without perspiration. The next day, I found that it had been no transient effect. He took a dose daily for one week, and then, feeling himself quite well and up to his work, and not needing his extra clothing, ceased attendance. Unfortunately, I forgot to take his name and residence before his somewhat sudden disappearance. Out of gratitude (being a gratuitous patient), he ought to have called again.

CASE IV. Mr. S., a well known Yorkshire gentleman of family and fortune, placed himself under my care three years and a half ago. He was sixty-two years of age; had suffered for several years from paraplegia of the lower extremities, from the loins downwards. In spite of treatment of every possible kind, the gradual diminution of motion and sensation continued. Under my advice, he determined to try a lengthened course of oxygen, in small doses. From the first, there was evidenced some gradual improvement, more decided for the first two months, scarcely perceptible afterwards; yet so firm of purpose and so patient was this gentleman, and so strongly did experience impress him with a feeling of hopelessness regarding his case, if this failed, that he steadily persisted with extremely small doses (depending solely upon it) for two years. He is now perfectly well.

CASE V. Three years ago, Miss T., a patient of the late Dr. Thornton, who stated that her life was formerly saved by oxygen, inhaled the gas three times under my immediate direction. The result was peculiar and interesting. The first inhalation (six pints of oxygen in eighty of atmospheric air) raised the pulse in frequency, then caused it to become gradually slower and fuller. Towards the end of the administration the pulse again became quicker, and assumed a hard wiry character, the forehead at the same time feeling very slightly

constricted. This last sensation passed away in two minutes. Next day, this lady came for her second sitting, being much gratified with the agreeable feelings experienced ever since her inhalation of the day previously. She said she felt "two or three inches taller, and as though the nerves were elongated". This day the effects were nearly allied to those manifested before, but with the addition of a "curious fluttering" about the heart. For two days she did not appear. On the third day, she again visited me, and stated she had felt so unnaturally excited during the whole day after the last dose, that she thought it advisable to discontinue for a day or two. The unnatural (though not disagreeable) excitement had left, but she still felt "taller, and nerves elongated". Wishing further to satisfy myself, I now administered three pints in about fifty of atmospheric air. No immediate result of special moment followed, and I arranged for another visit in a few days. A week elapsed before my patient again called; and she then informed me that she dare not at present take any more oxygen. Violent palpitation of the heart, with great excitement of the circulation, had supervened a few hours after taking the last dose, and had continued more or less for several days. She had only just recovered from this condition, after resorting to certain sedative measures which I had taken the precaution to recommend in case of absolute necessity.

Now this lady, it should be borne in mind, was entirely prepossessed in favour of the gas, and had no anticipation whatever of such unpleasant consequences. The first two doses had influenced her most beneficially; and the same gas had produced no such effects upon her sister, who had for ten days previously been inhaling daily with great advantage. Moreover, she had no tendency to cardiac affection, no functional derangement of uterus, and had comfortably transited the change of life.

CASE VI. Mr. S., of Watford, who was for many months under my care, could take twelve pints without any special effect, except gradually increasing warmth and strength of pulse; but invariably the four pints succeeding the twelve would convert this warmth into profuse perspiration. To demonstrate that there could be no fallacy, I repeatedly tried minute doses, and even atmospheric air alone, without his knowledge, ensuring the precise conditions of physical exertion, etc.; but no such result followed as with the larger quantity.

CASE VII occurred in the person of a brother physician in London. He has kindly permitted me to use his name. Dr. C. H. Thompson, of Sussex Gardens, was seriously affected with partial amaurosis, which had resisted the best directed treatment, and had at length rendered him unable to employ the sense of vision for the most ordinary purposes; in fact, professionally, he was becoming almost *hors de combat*. He could only see the largest type in print, and could not read a very few successive lines of that without the greatest difficulty. Fearing total loss of vision from the progressive nature of this serious affection, which had even appeared to advance more rapidly in proportion to his improvement in general health under ordinary treatment, he was induced to request my advice as to the possibility of oxygen being serviceable. The exciting cause was clearly traced to extreme congestion and torpid action in the medulla oblongata, base of brain, and parts adjoining, implicating especially the origin of the optic nerves. To predisposing causes it is needless to refer. I acquiesced in, and indeed urged, the propriety of immediately resorting to oxygen; but, for special reasons, advised an extremely cautious use of it; the maximum dose to be six pints in eighty pints of atmospheric air. This maximum dose was tolerated very well for the first few days; and a decided improvement in vision, in head-symptoms, and in feeling of strength, at once manifested itself. About ten days or a fortnight, however, after the first dose, this gentleman called upon me, and stated that he had been obliged to reduce the amount of his daily inhalation to the *minimum* which I had suggested, viz., two pints of the gas; yet he had still, a few hours after inhaling, experienced so much uneasiness of head, tremor, lassitude, and exhaustion, as to compel him to omit his inhalation the day before. He added, that to-day he decidedly felt better for the omission, and almost feared any further trial of the treatment, notwithstanding the steady improvement in vision. I explained that I had met with various eccentricities in the action of oxygen on susceptible individuals, earnestly encouraged him to proceed, but recommended a diminution in quantity, and an inhalation only on alternate days. When next I saw him, he informed me that this plan had proved successful, adding, as an example of the benefit he felt, that he had just read without difficulty a long letter—a feat which he had been unable to accomplish for months.

The other day I saw my former patient, after an interval of some months. He stated that, although vision was anything but perfect, he had found no retrogression from the *statu quo* following *first* improvement, which had been of a permanent character. Occasionally he takes, for two or three successive days, a minute quantity of the gas. This is borne very well; but he cannot persevere longer without producing unpleasant symptoms, which will then arise from even one pint to seventy of atmospheric air.

I may remark, that several cases have occurred in my practice equally demonstrative of idiosyncrasy, yet indicative of a peculiarly alterative, cumulative, perhaps catalytic or electrolytic action on the part of oxygen in extremely small doses. May we not, without rendering ourselves obnoxious to an imputation of undue enthusiasm after a hobby, admit the probability of such an influence being employed with permanent advantage in obstinate disease? Is it not our duty to afford an unprejudiced, impartial, and extended trial?

The doses advisable in different cases, as well as the mode of administration, demand a few words of consideration before concluding. General rules only can be laid down; but, since the axiom, "Nullum remedium quod non tempestivo usu tale fiat," attaches itself especially to oxygen, I will endeavour to be as lucid as possible.

In speaking of small doses, a range is implied of from 2 to 12 per cent. of the gas in a given amount of atmospheric air. Large doses are signified by a *minimum* of 12 per cent., ascending to the *maximum* of pure gas. It is rarely, however, that I use it undiluted. Nine to twelve pints of the pure gas, diluted with about seventy-five pints of atmospheric air, may be stated as a fair medium dose. The inhalation of this quantity should, *mutatis mutandis*, extend over a period of fully half an hour; and, in the majority of cases to which it is applicable, no inconvenience will be occasioned. The time to be occupied in inhaling a given quantity demands quite as much vigilance and judgment, on the part of the medical attendant, as the prescription of a dose. As a rule, debilitated and anæmic subjects will not tolerate a lengthened sitting, and then will only bear very small doses; while the plethoric and congested will receive but an infinitesimal amount of benefit, unless they are compelled to expend a full hour on each occasion. Of the latter class, some will need thirty or forty pints of oxygen (diluted according to circumstances) during the hour; others will experience unpleasant effects from even sixteen pints. Everything, in fact, depends upon the greatest attention to minute details in management, presuming, of course, that proper judgment has been exercised in selecting the case. If the practitioner desire success from the use of the gas in very bad cases, he must not lose sight of either point. Above all, he must carefully superintend, and in many instances himself administer and anxiously watch throughout the inhalation.

And now, gentlemen, it is incumbent upon me to draw your attention to a fact which doubtless is known to some, but perhaps to few; viz., that the mechanical difficulties which formerly militated against any extensive trial of this remedial agency no longer exist. The mechanical means to which I would refer, and by the assistance of which oxygen may be used with perfect facility, are an apparatus and condensed gas supplied by Mr. Barth, 217, Piccadilly, London. Any gentleman in the profession, by simply writing to him, could by the next train receive supplies, with every requisite information as to their manipulation. In private practice, this plan is undoubtedly the least troublesome, and almost as economical as for the practitioner to employ a druggist, or prepare the gas himself (of course, uncondensed). It likewise ensures purity, which is an important consideration; for the patentee has informed me that there are only two or three manufacturers of pure chlorate of potash in the kingdom; and that he has frequently had to return large quantities, too impure for the purpose, though sent by eminent firms. The authorities of large hospitals, who would naturally prepare their own gas, should note this point.

In conclusion, permit me to observe, that it has been my wish carefully to avoid hypothesis, and any undue parade of success, while I have endeavoured to preserve the simple position of the impartial and careful clinical observer, appealing to an experience of some years duration, almost exclusively gained by experiments and trials in diseases either intractable or incurable. The animal organism, though no doubt subject to certain laws of chemistry, is amenable to higher laws than those practically known in the laboratory. A

physician, if he see the sudden change of a pathological condition—a long continued unpleasant entity—must accept the fact, notwithstanding that the *rationale* be unascertained by the chemist. Certain observed effects become the basis of a law. Opium causes sleep; aloes purges; antimony is diaphoretic. May not oxygen claim admission into the list of our therapeutic agents? Splendid as are the achievements of chemistry, there is a boundary beyond which it cannot pass; yet every medical practitioner knows that he must cross this Rubicon every day in practice.

Not deeming myself competent to undertake an extensive series of chemical analyses, it would be presumptuous to present any such crude experiments of my own, in opposition to accomplished chemical analysts. I venture to hope that, by bringing the subject (however imperfectly) forward, I may enlist the cooperation of gentlemen well versed in chemico-physiological investigation, and derive mental profit from their further researches. A second and not less weighty consideration urges me to trust that so much interest may be created in the minds of practitioners generally as to induce extended and fair trials.

Illustrations of HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

SUMMARY FOR THE YEAR 1859.

The following list includes the cases which have been published in this department of the Journal during the present year, arranged in a classified form, for convenience of reference:—

I.—Diseases of the Brain and Spinal Cord.

Under this head the following cases are found:—

Latent meningitis in a case of pneumonia; p. 145.
Amaurosis in a child, from cerebral disease: probable cure; p. 419.
Neuralgia contrasted with wasting palsy; p. 787.
A series of cases of epilepsy: with remarks; pp. 973, 995, 1013.

II.—Injuries of the Head and Spine.

A fatal case of injury of the head, which had been followed by diplopia and other cerebral symptoms; p. 145.
A case of depressed fracture of the skull, with concussion, and another of concussion accompanied by hæmorrhage from the ear: recovery; p. 734.
Concussion of the brain: recovery; p. 825.
A case of probable fracture of the base of the skull: recovery; p. 825.
A fatal case of fracture of the base of the skull, illustrating the difficulty of diagnosis between injury and disease; p. 825.
A series of cases of scalp-wound and of fracture of the skull, illustrating various points in the surgery of these injuries; pp. 953, 974, 1036.
A series of cases of injury of the spine; p. 240.

III.—Diseases and Injuries of the Eye.

In this class we have reported the following cases:—

A case of granular ophthalmia treated by the application of gonorrhœal matter to the eye; p. 19.
Two cases of diplopia cured by quinine; p. 265.
Operation in a complicated case of squint; p. 538.
Operation for entropium with contracted lateral commissures; p. 558.
A case of traumatic ophthalmia treated with mercury; p. 847.
Rheumatic ophthalmia; p. 538.
The after treatment of cases of extraction; p. 558.
The condition of the eye after injuries, as seen by the ophthalmoscope; p. 645.
Illustrations of the use of the ophthalmoscope in diagnosis; p. 994.

IV.—Injuries and Disease of the Chest and Organs of Respiration.

Here we find the following:—

A case of fractured ribs, showing the beneficial action of venesection; p. 865.
A case of fractured ribs, with clinical remarks on the importance of emphysema; p. 866.
A case of laceration of the lungs without fracture of the ribs; p. 186.
Tracheotomy in croup; p. 59.
Tracheotomy in laryngitis; p. 347.
Asthenic pneumonia; p. 363.
Acute phthisis; p. 733.

V.—Affections of the Mouth, Alimentary Canal, and Liver.

Under this head will come—

A tabular report of 74 cases of diphtheria occurring in various parts of the country, and an epitome of 188 other cases; pp. 305, 327, 348, 380, 420, 497.
A fatal case of sarcina ventriculi; p. 100.
Hydatid tumour of the omentum and liver; p. 121.
Hydatid tumour of the liver; p. 283.
Recovery from supposed hydatids of the liver; p. 934.

VI.—Injuries and Diseases of the Intestines, including Hernia.

A case of wound of the abdomen, with protrusion of the large intestine: recovery; p. 283.
Laceration of the great omentum by a blow; p. 537.
Operation for the radical cure of hernia; p. 120.
Abscess near the rectum, caused by a fish-bone; p. 121.
A case of strangulated oblique inguinal hernia in a female, complicated with a false sac: failure of operation to relieve the strangulation; p. 40.
Two cases of obstruction of the bowels within the abdomen complicated by hernia, not strangulated; p. 221.
A case of hernia with undescended testis; p. 558.
Pyæmia after strangulated hernia: recovery; p. 789.
Cases and statistics of strangulated hernia; p. 845.

VII.—Injuries and Diseases of the Kidneys and Urinary Organs.

Cases of incontinence of urine; p. 119.
Albuminuria and sore throat; p. 99.
Abscess of the kidney, with discharge of renal calculi in the loins; p. 934.
A case of foreign body in the bladder; p. 100.
Two cases of lithotomy; p. 995.
Puncture of the bladder from the rectum in a case of enlarged prostate; p. 186.
Treatment of stricture by forcible rupture; p. 934.
Two cases of retention of urine; p. 439.
Several cases of extravasation of urine; pp. 751, 905.

VIII.—Affections of the Organs of Generation.

Under this head we find:—

Treatment of hydrocele by silk seton; p. 691.
Also by metallic seton; p. 284.
A case of hæmatocele; p. 790.
Varicocele treated by subcutaneous section of the veins; p. 99.
Varicocele treated by Vidal's method; p. 905.
Cancer of the testicle in a baby; p. 1.
Cases of ovariotomy; pp. 39, 146.
Ovarian dropsy fatal from giving way of the umbilicus and exposure of the peritoneal cavity; p. 1036.
Cases of prolapsus uteri successfully treated; p. 885.
Hypertrophy of the clitoris with condylomata; p. 399.
Procidentia uteri from lacerated perinæum cured by operation; p. 368.
A case of vesico-vaginal fistula, showing the state of the parts after operation; p. 222.

IX.—Injuries and Diseases of the Heart and Blood-Vessels.

A case of cancer in the chest producing a murmur by pressing on the pulmonary artery; p. 826.
Aneurism of the aorta, bursting into the pleura; p. 1037.
A case of aneurism of the aorta, accompanied by peculiar symptoms from an anomalous arrangement of the vessels; p. 460.
Aneurismal dilatation of the aorta, accompanied by severe dyspnœa; p. 750.
Ulceration of the aorta in a case of caries of the spine; p. 537.
Aneurism of the femoral artery, in a man aged 75, cured by pressure; p. 2.
Popliteal aneurism cured by ligature after it had burst into the knee-joint; p. 489.
Wound of the femoral artery and vein, successfully treated by ligature; pp. 364, 954.
Wound of the femoral artery; p. 20.

Rupture of the popliteal vessels: gangrene: amputation; p. 79.
Wound of the palmar arch, for which several vessels were tied unsuccessfully: amputation: death; pp. 379, 419.
Cases of hæmorrhage from the palmar arch successfully treated by forcible flexion of the arm; pp. 665, 771.
Wound of the internal jugular vein: pyæmia: death; p. 933.

X.—INJURIES AND DISEASES OF THE BONES AND JOINTS.

Fracture of the forearm from muscular force; p. 557.
Fracture of the pelvis on horseback; p. 557.
Recovery from numerous fractures; p. 749.
Cases of fractured ribs; pp. 865-6.
Ununited fracture of the humerus, cured by the use of ivory pegs; p. 885.
A case of dislocation of the hip in a child 4 years of age; p. 187.
A case of dislocation of the hip into the sciatic notch, which slipped into the obturator foramen during attempts at reduction, reduced by manipulation; p. 749.
Dislocation of the shoulder, with compound dislocation of the wrist; p. 691.
Cases of diseased joints: excision; pp. 165, 185, 323.
A case of strumous disease of the foot; p. 517.
A case of hydrarthrosis of the knee, where a bony plate was found in the synovial membrane; p. 691.
Necrosis of the upper part of the femur and pelvis; p. 59.
Necrosis of the lower end of the femur: proximity of the popliteal vessels to the wound of the operation; p. 80.
Abscess in the head of the tibia; 807.
Medullary cancer of the ischium; p. 826.

XI.—CONSTITUTIONAL DISEASES.

Cancer of the peritoneum; p. 239.
A case of malignant disease in the neck, pressing on the trachea; p. 284.
A case of acute purpura; p. 788.
A case of acute tuberculosis; p. 459.
Two cases of chorea; p. 577.
A fatal case of chorea; p. 718.
Acute rheumatism treated with large doses of opium; p. 645.
Other cases of acute rheumatism; pp. 303, 906, 1014
Lime-juice in rheumatic fever; p. 865.
A case of fever unaccompanied by the usual *post mortem* appearances; p. 749.
Recovery from acute hæmorrhage in fever; p. 805.
A case of typhoid fever; p. 825.
Tetanus after laceration of the hand; p. 597.
Tetanus: recovery after stimulant treatment; p. 665.

XII.—OPERATIVE SURGERY.

Cases of ovariotomy; pp. 39, 146.
Cases of excision of the knee; pp. 165, 185, 806.
Cases of excision of the elbow; p. 323.
A case of successful excision of the patella; p. 733.
Excision of the astragalus; p. 517.
Excision of the upper jaw; p. 716.
Partial amputation of the hand; p. 557.
Primary amputation for extensive injuries: rapid recovery; p. 885.
Numerous cases of Teale's amputation; pp. 265, 266, 517, 994
Amputation at the shoulder-joint; p. 325.
Excision of a large tumour of the thigh; p. 399.
Fissure of the hard and soft palate cured by operation; p. 666
Lithotomy on account of a foreign body; p. 100.
Syme's operation for stricture; p. 847.
The old operation for impassable stricture; p. 1014.

XIII.—NEW INVENTIONS AND MISCELLANEA.

Cases of narcotic injections into the cellular tissue; p. 19.
Treatment of abscess by Chassaignac's drainage tubes; p. 690
A case of recurrent fibroplastic tumour; pp. 80, 993
Poisoning by aconite; p. 122.
Poisoning by opium; p. 692.
Hæmorrhage behind the peritoneum: suspected poisoning by opium; p. 1037.
Hæmatoma, or secondary blood-tumour; p. 865.
Cyst connected with the thyroid body; p. 717.
Synovial tumours; p. 770.
Hydrocele of the neck; p. 379.
Pustular eruption from the internal use of the iodides; p. 60.
The pendulum of a clock impacted in the ear; p. 400.
Burn by the sun's rays; p. 579.
Disease of the suprarenal bodies; p. 716.
Cases of foreign body in the nostril; pp. 771, 789.
A case of wasting palsy; p. 788.

LETTERS AND COMMUNICATIONS.

Letters or communications for the JOURNAL should be addressed to Dr. WYNTER, Coleherne Court, Old Brompton, S.W.

Letters regarding the business department of the JOURNAL, and corrected proofs, should be sent to 37, Great Queen Street, Lincoln's Inn Fields, W.C.

British Medical Journal.

SATURDAY, DECEMBER 31ST, 1859.

CLERICAL QUACKERY.

"ALL good things are three," says the German adage. Must we add—All bad things too? The medical world at home had only just forgotten the Dr. Fell scandal at the Middlesex Hospital, when the great Velpeau, committing an error which he must have since bitterly repented, introduced the Negro Vriès to the Parisian world as an infallible cancer-curer. Dr. Fell is still, we believe, drawing largely in a quiet way upon public credulity and upon the public purse, as the possessor of a sure remedy for one of the most dreadful maladies afflicting the human race. Vriès has been prosecuted for his impudent quackery. The road is, therefore, clear for a third passenger; and he steps forth, in the guise, not of the doctor, but of the clergyman—the Reverend Hugh Reed, curate of St. Sepulchre's (ominous name!), in this great metropolis. A letter in the *Times* of Thursday, from the Rev. H. E. Head, of Feniton, in Devonshire, states that the Rev. Mr. Reed has discovered a cure for cancer; and that he (Mr. Head) has put it in practice upon himself.

"Such were the ravages," says this reverend gentleman, "to say nothing of the anguish, made by the cancer in the roof of my mouth, that, according to medical testimony, I had but a month to live. In this state, by Dr. Cronin's advice, I put myself under Mr. Reed's treatment. His powerful remedies soon reached and arrested the disease. The cavity is now being filled up; the parts are granulating; and I have all the symptoms of returning health."

Alas! the credulity of the clergy in matters of this kind is only too well known to the profession. We are, therefore, not surprised at the faith which this simple priest places in the power of a brother of the cloth to cure that which benighted doctors declare to be incurable. We are astonished, however, at finding the nostrums of a clergyman puffed by a physician. Appended to the Rev. H. E. Head's letter is the following:—

"Claremont-house, Brixton-road, S.

"I beg to address you in the event of your knowing any cases of cancer. A process of treatment (remarkably successful) has been discovered by a clergyman of the Church of England, at present residing and officiating in London. The remedy for this dreadful disease, which I thus seek to make known, may be tested by several cases now under treatment in London. It is essentially different from any mode hitherto known in three grand points:—It promises permanent results (and thus differs from the two existing methods—extirpation by the knife or by escharotics); it is applicable to cancer of every character and stage; and it is not only painless, but positively palliative throughout its application, not alone to special local distress, but yielding conscious relief to the whole system. You will observe that I do not claim infallibility for it, any more than for anything human; but I do deliberately claim for it a character surpassing anything of the kind which has hitherto been made known to man.

"Yours truly, "EDWARD CRONIN, M.D."

On referring to the *Medical Register*, we find that Dr. Edward Cronin is one of that class of physicians who have been called into existence, not by virtue of any examining Board, College, or University, but by the grace of his Grace of Canterbury. For any proof we have to the contrary, Dr. Cronin's professional abilities are on a par with those of the reverend gentleman, whose skill as a cancer-curer he endorses. Owing, as he does, so much to the clergy, we are not at all surprised to find that he endeavours to repay the obligation by dressing the unhappy curate of St. Sepulchre in the cast off garments of Fell and Vriès.

A gentleman possessing merely the Lambeth degree, cannot be supposed to have many feelings in common with medical men who have acquired the right to practise from a less spiritual source than he has; and therefore he feels no shame in setting forth this puff of a clerical pretender. We use the word pretender advisedly; for by what other name can we call a man who, without any preliminary professional education, takes upon himself to cure the most incurable of all diseases? The love of the clergy for dabbling with the simples of every grandmother's receipt-book is too well known by country practitioners. But now they are taking a higher flight.

By the Medical Act, no one is permitted to call himself a surgeon when he is not one; but he may take upon himself the duty of a surgeon, and may with impunity employ powerful remedies, of the mode of operation of which upon the human frame he must necessarily be entirely ignorant! Possibly the Rev. Hugh Reed, by the aid of his spiritual influence, which we know has such an effect upon women, will induce large numbers of poor suffering creatures to submit themselves to his treatment; but supposing any difficulties should arise, that fatal hæmorrhage, for instance, should be the result of any of his "powerful remedies", what position would he then stand in with respect to his victim? That he would be guilty of manslaughter, we have not the slightest doubt; and that he should, in such a case, suffer the penalty of such a crime, cannot reasonably be denied.

We may just draw attention, by way of *finale*, to Dr. Cronin's statement that this new cancer-cure "is essentially different from any mode hitherto known in three grand points"; the first of which is, that it "promises permanent results". Indeed! We thought this was the cry of all cancer-curers from the commencement of time. We need not inquire about the other two points, if they possess no more originality than the first one; and we need not further trouble our readers with Dr. Cronin's views of this new and most impudent piece of quackery.

THE WEEK.

At p. 1052 of last week's Journal, a case of poisoning following the use of Bath buns was noticed; and the noxious agent was said to be chromate of lead, with which the buns were coloured. It appears, however, that the ingredient was not chromate of lead at all, but *yellow sulphide of arsenic*. This was supplied to the confectioner by a druggist living two doors off, who seems to have sold the pigment without asking any questions as to its use; and it is not clear whether or not the word poison was written on the packet. In further proof of the ignorance or carelessness of the druggist, we are told by Dr. Griffin, the analytical chemist, that, on being applied to for a sample of the powder he had sold, he (the druggist) produced a loosely tied brown paper parcel, which he marked "chrome yellow", but which was found to contain, as in the other case, sulphide of arsenic. This is a case which may be placed in the same category with the wholesale poisoning by arsenicated lozenges at Bradford last year. Until the legislature interferes to prevent, as far as possible, the catastrophes arising from the sale of poisons by persons ignorant of their properties or careless of their effects, the public would do well to use great care in their dealings with the confectioner and pastrycook.

Editor's Letter Box.

LOCAL BLOOD-LETTING IN INFLAMMATION.

Letter from Thomas Inman, M.D.

Sir,—Allow me a few remarks upon this subject, and upon Dr. Markham's letter. With the general tenor of the latter I fully agree; but there is a point in it which is left for farther elucidation: viz., why leeching should ever do good in affections of the liver, stomach, pericardium, kidneys, etc. I have given special attention to this for the last four years, and think I see my way clearly to the following conclusions:—

1. Internal inflammations are often entirely confined to the organ primarily attacked, as the pleura, pericardium, peritonæum, kidney, bladder, lung, etc. Under such circumstances, local bleeding rarely, if ever, does good.

2. Inflammations of internal organs are often connected with an inflammatory state of the muscles in their immediate vicinity, and this gives rise to certain symptoms, generally supposed to be due to the original disease; when this secondary inflammation is present, local bleeding very frequently gives relief, and this when other remedies fail.

In a previous communication, I called attention to the fact that inflammations of serous membrane were not necessarily painful, unless the muscles in their vicinity were affected; and I think your readers would agree with me, that such affections as pneumonia, suppurative hepatitis, inflammation of the kidney, are not attended, necessarily, with pain or other purely local signs, unless the inflammatory condition has extended to muscular parts in the vicinity.

At the risk of being supposed to be riding a hobby, I offer the above as being the most rational philosophic reason, why local bleeding sometimes seems to do good in internal inflammations, and sometimes is of no avail: and I feel inclined to add, that the presence of inflammation of some internal organ is often supposed to exist, and leeches used accordingly, when the sole part affected is the muscular structure over the organ believed to be in fault, and that this faulty diagnosis gives rise to fallacious experience.

I am, etc., Thomas Inman.

29, Rodney Street, Liverpool.

PHYSIOLOGICAL ACTION OF DIGITALIS.

Letter from C. H. Jones, M.B.

Sir,—Your correspondent T. H. has misunderstood my remarks, if he thinks that I regard digitalis solely as a cardiac toner, to the exclusion of the older view which he writes to maintain. I think, if he refers to p. 1019, he will find that we are nowise at variance as to the sedative and contrastimulant action of digitalis. I have so long been acquainted with the view (or fact, as it is to me) that small doses of digitalis exert a toning action upon a weak, enlarged, dilated heart, that I have never thought it necessary to seek for exact proof of it. I supposed it was generally known and admitted. T. H. is doubtless acquainted with the opinions of Drs. Withering and Holland, quoted by Dr. Pereira, as to the better success of digitalis as a diuretic in cases of feeble and intermitting pulse, than in those where the pulse is firmer. I may refer him also to Dr. B. Jones's Lectures on Digitalis (*Med. Times and Gazette*, April 21st, 1855), where he states, after detailing Franke's experiments, "In small doses, the digitalis acts as a stimu-

lant; in large doses, it acts as a sedative, causing paralysis and death." My colleague Dr. T. K. Chambers tells me that he has no fear of giving digitalis in cases of weak heart with flickering pulse; and finds that it steadies the heart, makes its action stronger, and the pulse firmer. It is true that digitalis is commonly given with other remedies, especially steel; but the following case, which has lately been under my care, goes far to prove that the chief virtue is not due to the steel.

J. F., aged 24, a robust male, had, on October 17th, great shortness of breath, palpitation, "awful" pains in the chest, much dry cough at night. The heart's impulse was widely diffused, perceptible to sight and touch almost as far as the right nipple. There was a marked regurgitant aortic *bruit*, audible above the left back. The rhythm of the heart was regular; pulse 114, regular. The breathing was good in both backs. Tongue clean; urine free and clear. He had taken, three times a day, the following:—

℞ Strychniæ gr. 1-24; tinct. ferri sesquichlor. ♏x; spirit. æther. chlor. ♏x; acidi nitro-hydrochlor. ♏i; aquæ ℥j.

This was replaced by the following:—

℞ Tinct. digitalis ♏x; tinct. ferri sesquichlor. ♏xv; spirit. æther. chlor. ♏x; aquæ ℥i.

A belladonna plaister was applied. He improved on this at once, and decidedly; and continued to do so till November 10th, when he ceased attendance; his pulse then was 84 (standing), regular, and of good force. In this case, I think, there can be little room for doubt that the heart, especially the right side, was enlarged and dilated, and was incapable, from debility, of propelling the blood in a normal manner; and that, under the influence of digitalis, it became stronger, and fulfilled its function better. The strychnia, which was omitted, is surely more than an equivalent for the additional five minims of tincture of sesquichloride of iron; and the belladonna plaister can scarcely be supposed to have had any tonic effect. If T. H. will refer to Mr. Dickinson's paper in vol. xxxix of the *Med.-Chir. Transactions*, I think he cannot but observe how well the patients, exhausted by hæmorrhage, bore the large doses of digitalis.

I may observe further, that it is quite conceivable that fatal syncope may occur with two different states of heart; viz., either with relaxed and open cavities, or with contracted and closed. Now, it is evidently of prime importance to know in what state the heart is found after death from digitalis; and this point I am now investigating experimentally. In two animals, I have found the left cavities very firmly contracted, the right less so; while, after death from aconite, the condition was very different. It is therefore possible that digitalis may kill, not by paralysing, but by causing excessive and enduring contraction of the heart.

Trusting that I have now in some measure complied with your correspondent's request, I am, etc.,

C. HANDFIELD JONES.

33, Albion Street, Hyde Park, W.

PHYSIOLOGICAL ACTION OF DIGITALIS.

LETTER FROM H. DUNCALFE, ESQ.

SIR,—The physiological action of digitalis has for some time past occupied my attention; and in a paper on Chronic Bronchitis (the corrected proof of which lies at your office), I have alluded to the beneficial effects which foxglove produces independently of its sedative action on the heart itself. The question arises, Whether digitalis possesses properties other than sedative? I believe it does, and that its power is exerted over the capillary circulation. If such is the case, we can then clearly understand how the action of a weak heart becomes steadier, and the pulse firmer, when the circulation of the blood is accelerated in the smaller vessels.

Bearing this supposed action of foxglove in mind, it occurred to me some months back to try digitalis in the treatment of hæmorrhoids, and the results were as I had anticipated they would be. I was so satisfied of the value of foxglove as a remedy in that troublesome disease, that I brought the treatment before the notice of the Birmingham Medico-Chirurgical Society, and I have already collected a number of cases, which I intend in a short time to make the subject of a paper for the JOURNAL.

The present time, however, seems fitted for me to make known the fact, that I have for some time past recognised properties in digitalis, which, *if previously known*, have been much neglected. I am, etc., HENRY DUNCALFE.

West Bromwich, December 26th, 1859.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

* *In these lists, an asterisk is prefixed to the names of Members of the Association.*

BIRTHS.

Of sons, the wives of—

BLOMFIELD, Josiah, M.D., Peckham, on December 15.

BRAND, S. E., Esq., Surgeon, Stoke Newington, on Dec. 27.

SAUNDERS, George, Esq., Surgeon Bengal Army, at 4, Dorset Square, on December 24th. (Twins.)

Of daughters, the wives of—

BROWN, Andrew, M.D., Weymouth, on December 18.

BRUSH, John R., M.D., Clifton, on December 23.

LOWDELL, Charles, Esq., Assistant-Surgeon Bengal Army, at Brighton, on December 21.

WEBER, Frederick, M.D., 44, Green Street, W., on Dec. 22.

MARRIAGES.

ALDER, William, Esq., of Wells, Somerset, to Emily Jane, only daughter of *Henry L. SOPWITH, Esq., Tunbridge Wells, on December 27th.

APPOINTMENTS.

*HUTCHINSON, Jonathan, Esq., elected Assistant-Surgeon to the London Hospital.

*JONES, T. Eyton, Esq., elected Surgeon to the Wrexham Infirmary.

HEALTH OF LONDON—DECEMBER 24TH, 1859.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
During week	Boys .. 961, Girls .. 807	1768	1548
Average of corresponding weeks 1849-58..		1478	1270

Among the causes of death were—bronchitis, 260; pneumonia, 135; asthma, 24; phthisis, 186; small-pox, 37; scarlatina, 85; diphtheria, 14. The deaths from pulmonary diseases (exclusive of phthisis) were 430, being 152 above the corrected average. Of 66 persons who died at the age of 80 and upwards, 6 were nonagenarians. Of bricklayers, 2 died in the week, of bricklayers' wives, 3, of bricklayers' children, 11; of carpenters, 12 died, of carpenters' wives, 7, of carpenters' children, 21; of masons, 2 died, of masons' wives, 2; of painters, 4 died, of painters' wives, 2, of painters' children, 9; of plasterers, 1 died, of plasterers' children, 10.

Barometer:

Highest (Mon.) 29·653; lowest (Sat.) 28·990; mean 29·402 in.

Thermometer:

In sun—highest (Sat.) 49·6°; lowest (Mon.) 30·4°.
In shade—highest (Sat.) 47·0°; lowest (Mon.) 14·0°.
Mean—33·0°; difference from mean of 43 yrs.—5.4°.
Range—during week, 33·0°; mean daily, 10·5°.

Mean humidity of air (*saturation*=100), 81.

Mean direction of wind, S.W.—Rain in inches, 0·37.

TO CORRESPONDENTS.

THE NEW VOLUME. The first number of the New Volume of the BRITISH MEDICAL JOURNAL will be published on Saturday, January 7th. The names of gentlemen wishing to join the Association should, as far as possible, be transmitted to the General Secretary as early as possible, in order that an estimate may be formed of the number of copies to be printed weekly. Members will oblige also by forwarding to the Publisher any alterations they may wish to have made in their addresses.

Dr. W. KING. We are not aware that there is any agent in London to the Parisian Vaccination Institution. You had better apply, in French, to M. le Dr. B. Mangeant, Médecin Vaccinateur de la Société Nationale de Vaccine de France, 8 Faubourg St. Denis, Paris.

Communications have been received from:—MR. WM. COPNEY; MR. A. B. STEELE; DR. KEILLER; DR. H. HANCOX; DR. BIRCH; MR. T. HOLMES; MR. T. E. JONES; DR. INMAN; MR. H. DUNCALFE; DR. W. BIRD; DR. C. H. JONES; MR. R. T. HUNT; DR. ANDREW WOOD; MR. R. S. FOWLER; MR. R. S. STEDMAN; MR. W. BRADLEY; MR. J. G. DOWSE; MR. W. W. MORRIS; DR. GILLIBRAND; MR. F. JORDAN; DR. D. ARCHIBALD; MR. HOWARD; MR. H. ASHTON; MR. C. T. S. KEVERN; DR. W. KING; and MR. H. M. WILLIAMSON and DR. THORBURN.

INDEX.

A.

Abdomen, Mr. Dix on diagnosis of tumours of, 5; wound of, 283, 832; viscera, Mr. W. Davies on malignant diseases of, 444; encephaloid tumour in, Mr. W. Hoar on, 1040
Abortion, laws in America against procuring, 857
Abscess, treated by drainage-tubes, 690, 729; near rectum, 121; in knee-joint, 205; of brain, 762; in head of tibia, 807
Aconite, poisoning by, 122
Actions, for recovery of fees, 377, 414, 436; for alleged malpractice, 508; against the proprietor of an asylum, 534; against illegal practitioners. *See* Illegal practitioners
Adams, Mr. W., reparative process in tendons, 681
Addison, Dr. W., Gulstonian Lectures on fever and inflammation, 332, 352, 367, 386, 404, 424, 445, 463
Adulteration of food, proceedings in parliament, 573
Ague, animal heat and excretion in, 680; Mr. Garraway on varieties of, 755
Albuminuria, in diphtheria, 85; case of, 99; in pregnancy, 435
Alford, Mr. H., the Taunton and Somerset Hospital, 73, 127
——— Mr. S. S., chlorine in diphtheria, 22
Alimentation, forced, Dr. Nesbitt on, 587
Alison, Dr. W., death of, 799; memoir of, 801
Alkalies or acids in stomach disorders, Dr. E. Wells on, 1038
Allison, Mr. W., proposed testimonial to Mr. Daniell, 682
Allopathy, North American Medico-Chirurgical Review on, 117
Alumina in urine, 669
Amaurosis, in a child, 419, 476; use of ophthalmoscope in, 695; in a child, 419
Amblyopia, use of ophthalmoscope in, 695
Ammonia in urine, 385, 760; detection in breath, 761
Amputation, causes of death after, 232; Teale's, cases of, 265, 517, 994; of foot, 518; of hand, 557; of thigh, 565, 885
Anæsthesia, fatal cases of, 74; application of the voltaic current in, 126, 470
Aneurism, of thoracic aorta, 412, 460, 779, 1037; of abdominal aorta, 203, 204, 968; in the orbit, 571; of innominate artery, 123; femoral, 2; popliteal, 413, 479
Anencephalous monster, description of, 435
Angina pectoris, Dr. Mushet on, 830; Mr. Mason on, 875
Animal substances, preservation of, 511
Antiquarian medicine, Dr. T. Sandwith on, 503, 852
Aorta, thoracic, aneurism of, 412, 460, 779, 1037; dilatation of, 750; abdominal, aneurism of, 203, 204, 968
Appleton, Mr. J. G., strangulated inguinal hernia in a female, 150
Apothecaries' Society, pass lists. *See* Medical News in each number
——————— of Ireland, prize of, 410
Armstrong, Dr. J., hooping-cough, 388; anomalous cases in midwifery, 1041
Army, hospital corps, 346; question in parliament regarding surgeons in, 661; Indian, pass list, 181; assistant-surgeons at Lucknow, 218; medical service in, 256, 259, 262, 360, 764; new warrant, 397; official commendation of medical officers in, 530; medals, 594
Arsenic, poisoning by, 10, 706
Artery, femoral, wound of, 20, 364, 954; palmar, wound of, 379; treatment of by flexion, 513, 771, 1043; pyloric, erosion of, 723; pulmonary, formation of clots in, 619. *See* also Aneurism
Ascites, chronic, Dr. W. Paley on, 586; Dr. Durrant on, 723
Assistant-surgeons at Lucknow, 218
Association, American Medical, 264
Association, British Medical, financial report for 1858, 295, 628; Branches of, and Medical Societies, 431, 454, 506; new members of, 494; resignation of offices by Sir C. Hastings, 549, 592, 612, 629; notice of annual meeting, 591; twenty-seventh annual meeting, 627; Members present, *ib.*; president's address, 617; report of Council, 627; appointment of auditors, 630; votes of thanks to retiring president, and to the councils, *ib.*; appointment of secretary, *ib.*; Medico-Ethical Committee, 631; alteration of Law xxv, *ib.*; Medical Ethics in the Branches, 572, 631; report of Committee on Medical Legislation, 631; Edinburgh College of Physicians, 633, 704; finances of the Association, 634; invitation from the Mayor of Liverpool, *ib.*; next annual meeting and president elect, 635; address in medicine, *ib.*; report of Medical Benevolent Fund, *ib.*; cases and communications, 637, 638; soirée at Royal Institution, *ib.*; breakfast at Town Hall, 638; letter from Dr. Alison, *ib.*; stamp duty on diplomas: address in physiology, *ib.*; votes of thanks, *ib.*; excursion on the Mersey, *ib.*; dinner, *ib.*; position in regard to the Journal, 816, 819, 841, 842, 859, 860, 861, 862, 863, 879, 880, 900, 928, 948, 949; objects of, 910; list of members, 913; laws of, 926; note from treasurer, 1005
Association, Committee of Council, meetings of, 295, 509, 1026; members for 1859-60, 634
——————— Medical Benevolent Fund, 277
——————— Medical Reform Committee, report of
——————— Bath and Bristol Branch, ordinary meetings, 195, 394, 1005; annual meeting, 610; resolution regarding the finances of the Association, 626; resolution on medical registration, 878; questions on diphtheria, *ib.*
——————— Birmingham and Medical Counties Branch, general meetings, 153, 394, 898, 1026; annual meeting, 509
——————— Cambridge and Huntingdon Branch, annual meeting, 591
——————— Cornwall Medical Society, annual meeting, 678
——————— Dublin Branch, formation of, 251; quarterly meeting, 509
——————— East Anglian Branch, annual meeting, 592
——————— East York and North Lincoln Branch, annual meeting, 452; ordinary meeting, 819
——————— Lancashire and Cheshire Branch, annual meeting, 491
——————— Metropolitan Counties Branch, the late president of, 109; annual meeting, 611
——————— Midland Branch, meeting on medical registration, 31; annual meeting, 570; ordinary meeting, 1027
——————— North Wales Branch, annual meeting, 612
——————— Reading Branch, special general meeting, 12; annual meeting, 592
——————— Shropshire Branch, amalgamation with Salopian Medico-Ethical Society, 278, 395
——————— South-Eastern Branch, formation of medical registration committees, 91; annual meeting, 549; district meetings, 278, 433, 838, 898
——————— South Midland Branch, annual meeting, 473; general meeting, 838
——————— South Western Branch, annual meeting, 548
——————— Yorkshire Branch, meeting on medical registration, 92; annual meeting, 570
Association, Cork Medical Protective, 300
——————— General Medical Provident of France, 912
——————— Ladies' Sanitary, 607, 616
——————— of medical officers of asylums, 202, 280, 362
——————— National, for Promotion of Social Science, 730, 837
——————— of King and Queen's College of Physicians in Ireland, 855
Assurance offices, fees, resolution of Reading Branch on, 12; in Norwich Union office, 532, 590, 682
Asylums, proposed enlargement of, 339; management of, 357, 375; action against a proprietor of, 534
Asthma, Dr. Salter on prognosis of, 482; etiology of, 538; events in clinical history of, 559, 648, 693, 1048; consequences of, 753; treatment by sedatives, 794
Auscultatory phenomenon, Dr. Thorburn on a peculiar, 483
Autographs, sale of, 533
Ava, King of, artificial skeleton made for, 96
Ayre, Dr. J., Treatment of Cholera, *rev.*, 624

B.

Bailey, Mr. W., midwifery statistics, 1046
Baker, Mr. J. W., wound of eye, 701
Ball, Dr. A., treatment of moles and premature expulsion of fœtus, 1046

Ballard, Mr. T., cause of diseases of children, 93; of purulent ophthalmia in infants, 411; invagination of intestine in a child, 511
Barclay, Dr. A. W., blood-letting in acute diseases, 187; Manual of Medical Diagnosis, *rev.*, 391
Barham, Dr. C., medical impostors, 495; address to Cornwall Medical Society, 671
Barker, Dr. T. H., strangulated hernia, 25; Hygienic Management of Children, *rev.*, 506; vomiting and diarrhœa in pregnancy, 600, 793; the Journal, 859
Barnes, Dr. R., physiology and treatment of placenta prævia, 343; risk of life in first and subsequent pregnancies, 1046
Barwell, Mr. R., shortening of limb in excision of the knee, 1050
Battey, Dr. R., apparatus for vesico-vaginal fistula, 927
Batty, Mr. R., stricture of œsophagus, 776
Beale, Dr. L., The Microscope, *rev.*, 86; lectures on urine, 271, 310, 384, 426, 466, 501, 669, 758, 809, 850, 941, 962
Beasley, Mr. H., Book of Prescriptions, *rev.*, 68
Bell, Mr. R. P., descent of testis simulating hernia, 100
Belladonna, causes modifying action of, 704
Bennett, Dr. J. H., Outlines of Physiology, *rev.*, 248; blood-letting in disease, 401; Clinical Lectures on Medicine, *rev.*, 430
Bernard, Dr. C. E., diphtherite, 81
Birch, Dr. S. B., inhalation of oxygen, 1033, 1053
Birkett, Mr. J., excision of head of humerus, 51; injury of spine, 240; reduction of hernia *en masse*, 571
Bishop, Mr. J., strength and curvatures of the vertebral column, 898
Black, Dr. C., Pathology of Tuberculous Bone, *rev.*, 895
Bladder, foreign body in, 100
Blease, Mr. T. T., post partum hæmorrhage, 43
Blood, Dr. A. W. Williams on coagulation of, 199; Dr. Addison on physiology and pathology of, 333, 352, 367, 386, 405, 425, 465; Dr. Humphry on coagulation of in venous system, 582, 601, 619, 650
Blood-letting in acute diseases, Dr. Barclay on, 187; Dr. Markham on, 284, 307; Dr. J. H. Bennett on, 401; in pericarditis, Dr. Markham on, 889; in inflammation and fever, Dr. C. H. Jones on, 1017; local, 1045, 1048, 1057
Boils, treatment of, 724, 745
Boldero, Colonel, retirement from parliament, 358
Bone, Pathology of Tuberculous, Dr. C. Black on, *rev.*, 895
Bones from Sebastopol, 966
Bonwell, Rev. J., case of, 1044
Bottomley, Mr. G., diphtheria, 561
Boult, Mr. E., application of nitric acid in ectropion, 407; disease of femur, 892
Bourjeaurd's patent mushroom pessary, 312
Brain, entozoon in, 272; disease of in a child, 419, 476; abscess of, 762; concussion of, 825
Breach of contract, action for, 1011
Brinton, Dr. W., Diseases of Stomach, *rev.*, 505; preservation of animal substances, 511
Brittan, Dr. F., entozoon in the brain, 272
Broadbent, Dr. W. H., tracheotomy in croup, 59
Brown, Dr. F. J., testimonial to, 195; on association with homœopaths, 217; treatment of encouragers of quackery, 316; lead-poisoning, 337; suction method of rearing infants, 867; inquiry into causes of death, 881
——— Mr. I. B., vesico-vaginal fistula, 267; ovariotomy, 422, 440, 551; fibrous uterine tumour, 1046
Bryan, Dr. J. M., diphtheria, 403
Bryant, Mr. T., causes of death after amputation, 232; Diseases and Injuries of Joints, *rev.*, 876; polypus of rectum in children, 970
Buckmaster, Mr. J. C., Elements of Inorganic Chemistry, *rev.*, 291
Budd, Dr. G., cancerous tumours in chest, 494
——— Dr. W., hydatid cyst of liver, 273
Burial pits on Marston Moor, 36
Burn from rays of sun, 579
Burton, Mr. J. M., femoral hernia, 1042
Butcher, Mr. R. G. H., Reports in Operative Surgery, *rev.*, 431

C.

Cæsarean section, case of, 13
Calculus in a child, 538; in a female, Dr. McEwen on, 652, 706; sequel of case of lithotomy for, 705; removal by recto-vesical operation, 728; renal mulberry, 780; biliary, Dr. Thudichum on, 935
Cameron, Mr. A., on cholera, 532
Camps, Dr. W., hysteria, 234; cerebral or subjective vision, 1035
Cancer of testis in a child, 1; encephaloid, of testis in the abdomen, 110; of uterus and rectum, 154, 812; medullary, of peritoneum, 239; statistics of, 296; of humerus, 325; of eye, Mr. Prichard on extirpation of, 328; of abdominal viscera, Mr. W. Davies on, 444; in chest, 494; of bladder and kidneys, Dr. Goodwin on, 757; of rectum, 811, 812; of mamma, 812; treatment by chloride of zinc, 812; of ischium, 826; uterine, Dr. Skinner on deodorisation in, 979
Cancerous Diseases, Mr. O. Pemberton on, *rev.*, 49
Canton, Mr. E., partial fracture of ulna, 71
Carbonates in urine, 502
Castor-oil as a lactagogue, 1030
Castration in epilepsy, 341
Catalogue, descriptive, of St. Thomas's Hospital Museum, *rev.*, 1044
Cataract, in India, 61; reclination with two needles, 274; treatment after extraction of, 558; use of ophthalmoscope in detection of, 994
Catarrh, Dr. C. H. Jones on, 772
Cerebral symptoms, obscure, Dr. Mushet on, 83
Champagne in diphtheria, 729
Chapman, Mr. H., Treatment of Ulcers, *rev.*, 430
Charges for medicine, 107, 113, 128, 156, 157
Chavasse, Mr. P. H., case of lead-poisoning, 330
Chemical Analysis, Mr. Conington on, *rev.*, 291; Messrs. Northcote and Church on, *rev.*, *ib.*
Chemistry, Baron von Liebig's Familiar Letters on, *rev.*, 248; for Schools, Dr. Lardner's, *rev.*, 291; Mr. Buckmaster's Elements of Inorganic, *rev.*, *ib.*
Chest, Dr. Dobell's Demonstrations of Diseases in, *rev.*, 124; cancerous tumours in, 494
Child, cancer of testis in a, 1; Mr. R. P. Bell on descent of testis simulating hernia in, 100; cerebral disease and amaurosis in, 419, 476; intestinal invagination in a, 511; calculus in a, 538; club-foot and club-hand in a, 969
Children, cause of diseases of, 93; cause of purulent ophthalmia in, 411; mortality of in Russia, 418; Dr. T. H. Barker on Hygienic Management of, *rev.*, 506; Dr. C. West on Diseases of, *rev.*, 798; feeding of, Dr. F. J. Brown on, 867; Dr. L. Sedgwick on, 900; hæmorrhage from bowels a sign of polypus in, 970; Diday on Syphilis in, *rev.*, 1044
Chloride of sodium in urine, 502, 941
Chlorine in diphtheria, Mr. Hodson on, 22; Mr. S. S. Alford on, *ib.*
Chloroform, deaths from, 179, 354, 644; dangers of inhalation of, Dr. R. Martin on, 583; in asthma, 794
Chloroform inhaler, a new, 171
Cholera, Mr. Cameron on, 532; Dr. Ayre on Treatment of, *rev.*, 624; in Germany, 674
Cholesterine in fluid of hydrocele, 879
Chorea, strychnine in, 52; Dr. J. Russell's cases of, 577; Dr. Lochée on case of, 718; urine in, 851
Choroid, diseases of in India, 42; application of ophthalmoscope in diseases of, 622
Clark, Sir J., rumoured retirement of, 877
Clement, Mr. W. J., tumour of thigh, 4
Cleveland, Mr. W. F., varicella in an adult, 692
Clitoris, hypertrophy of, 399
Clots, formation of in venous system, Dr. Humphry on, 582, 601, 619, 650
Club-foot, Dr. Page on results of operations for, 169; with club-hand in an infant, 969
Cockle, Dr. J., introductory lecture, 871; diagnosis in mitral valve disease, 1028
Cod-liver oil, modes of administering, 124, 900
Colic, simple, Dr. J. Watson on, 500
College of Dentists, lectures at, 931
———, King's, introductory lecture at, 813
———, King and Queen's, of Physicians in Ireland, diploma obtained by conspiracy, 70, 76, 163; regulations for year of grace, 590
———, Queen's, in Birmingham, letter from Mr. Sands Cox, 418
———, Royal Medical Benevolent, dinner, 37; annual festival, 276, 300; annual meeting, 392; founder's day, 569
———, Royal, of Physicians in Edinburgh, new regulations of, 338, 358, 359, 377, 397, 474, 512, 633, 704; cooperation with Edinburgh College of Surgeons, 658, 744; examination questions for licence, 803; pass list, 883; joint pass list, 970
———, Royal, of Physicians in London, new charter of, 87, 97, 455; by-laws, 153, 156, 173, 178, 199, 212, 250, 551; pass lists, 344, 361, 375, 437, 455, 477, 533, 595, 745, 864, 883, 901, 950; new fellows of, 529, 782, 877, 901, 950; Harveian oration, 535; censors of, 614

College, Royal, of Surgeons of Edinburgh, memorial regarding poor-law surgeons, 182; petition on Sale of Poisons Bill, 237; cooperation with College of Physicians, 658, 744; joint pass-list, 970
———, Royal, of Surgeons of England, mode of election of member of the Medical Council, 17; pass lists, *see* Medical News; examination papers, 299, 417; regulations regarding preliminary examinations, 314; financial statement, 883; analysis of list, 857
———, University distribution of prizes, 823; meeting of Council, 931
———, University and King's, Aberdeen, pass list, 361
———, Wellington, 130
Colleges of Physicians, repeal of stamp duty on diplomas, 195, 726; right of members to title of M.D., 476
Collyns, Mr. W., case of tapeworm, 171
Colouring matter in urine, 810
Conington, Mr. F. T., Handbook of Chemical Analysis, *rev.*, 291
Conjunctiva, diseases of, in India, 41
Conspiracy, diploma procured by, 70, 76, 163
Consumption, Dr. Turnbull on Curability of, *rev.*, 545. *See* Phthisis
Convulsions, puerperal, in six pregnancies, 435
Cooper, Mr. G. F., statistics of hernia, 845; cases of scalp-wound, 953
———, Sir H., typhoid fever, 749; the Journal, 879
———, Mr. W., Wounds and Injuries of the Eye, *rev.*, 797
Coote, Mr. H., forcible extension of joints, 21: case of talipes equinus, 434; extravasation of urine, 905; club-foot and club-hand in a child, 969; treatment of contractions of the knee, 1015
Cornea, diseases of in India, 41
Cornish miners, hygienic condition of, 799
Cornwall, intellectual condition of inhabitants of, 765, 803
Coroners' inquests and medical fees, 216, 217, 260; evidence at, 756
Cotton, the late Dr. Charles, memoir of, 30
———, Dr. R. P., Phthisis and the Stethoscope, *rev.*, 896
Council, General, of Medical Education and Registration, election of members by Royal College of Surgeons, 17; meetings of, 109, 655, 675; election of Dr. Storrar, 153, 490; leading article on, 653; meeting of executive committee, 252
———, Branch, for Scotland, meetings of, 11, 294, 392; correspondence regarding registration of deaths, 1005
———, Branch, for Ireland, meetings of, 11, 51, 90, 151, 252, 294, 315, 341, 359, 409, 472, 783
Craniotomy, abolition of, 154; cases of, 343, 927
Cranium. *See* Skull.
Craven, Mr. R. M., fractures and dislocations, 749
Creatine and creatinine in urine, 426
Crisp, Mr. J. H., poor-law medical reform, 114
Critchett, Mr. G., formation of artificial pupil, 275
Crook, Dr. J. E., acute hydrocephalus, 488
Cross, Mr. R. S., diphtheria, 561
Crosse, Mr. T. W., congenital hernia with supplementary sac, 761
Croton oil in hydrocephalus, Dr. J. Watson on, 540
Crouch, Mr. J., childbirth after ovariotomy, 178
Croup, tracheotomy in, 59, 727, 1029
Cyclical changes connected with season, 255
Cynanche submaxillaris, 637

D.

Daniell, Mr. E., proposed testimonial to, 682; medical profession in Cornwall, 765; the Association and Journal, 860
Davey, Dr. J. G., case of a lunatic swallowing stones, 48; president's address, 697
Davies, Mr. R., hydrocele cured by metallic seton, 284
——— Mr. W., extensive malignant disease of abdominal viscera, 444
Dayman, Mr. H., poor-law medical reform, 113
Death, inquiry into certain causes of, 881, 899
Delirium, urine in, 962
De Méric, Mr., deodorisation of ulcers, 878
De Morgan, Mr. C., treatment of abscess by drainage, 550
Deodorisation, alleged new means of, 818; of ulcers, 878; of carcinoma uteri, Dr. T. Skinner on, 979
Dental Surgery, Mr. Tomes's, *rev.*, 430
Destitution, Dr. Mushet on death from, 42
Diabetes, Dr. Pavy's Lettsomian lectures on points connected with, 985, 1001, 1022
Diagnosis, Medical, Dr. A. W. Barclay on, *rev.*, 391
Diarrhœa, outbreak of in Salford prison, 818
Dickinson, Dr. W. H., states of kidney in Bright's disease, 603
Digitalis, action of, 1044, 1057, 1058
Diphtheria, Mr. Hodson and Mr. Alford on chlorine inhalations in, 22; epidemics and cases of, 32, 373, 403, 420, 906, 969; pathological appearances in, 71; Dr. J. R. Hughes on, 80; Dr. Bernard on, 81; Dr. Wade on, *rev.*, 85; questions regarding, 87, 878; Dr. Rogers on, 92; parasitic nature of, 112, 155; Committee of Epidemiological Society on, 162, 1028; table of cases of, with remarks, 305, 326, 348, 380, 480, 497; Dr. Bryan on, 503; Mr. R. S. Cross on, 561; Mr. Bottomley on, *ib.*; Mr. J. C. S. Jennings on, 562; Mr. T. H. Smith on, 563; champagne in, 729; Mr. W. Newman on, 771; in Australia, 857; Mr. W. Sankey on, 1043; Memoirs on, *rev.*, 1044
Diploma obtained under false pretences, 70, 76, 163
Diplomas, foreign, 613. *See* also Council, Medical, meetings of.
Diplopia, cases of, 265
Disarticulation of scapula, 51
Dislocation of foot, division of tendons in, 175; of thumb, 356; of wrist and shoulder, 691; of thigh-bone, 749, 882
Dispensary, Nottingham, payment of medical officers, 374
Dix, Mr. J., fallacy in diagnosis of abdominal tumours, 5; the Association and Journal, 819, 861, 900, 948
Dobell, Dr. H., Demonstrations of Diseases of the Chest, *rev.*, 124
Doctors in the market-place, 514
Dove, Mr. H., essential oils in puerperal fever, 287
Drainage of London, 70, 589, 590
——— tubes, treatment of empyema and abscess by, 550, 690, 729
Drink and disease, 876
Drinking fountains, 312, 346, 362, 432, 528
Drowning, Dr. Mushet on case of, 151; means of preventing, 967
Druitt, Mr. R., cases of placenta prævia, 343
Dulvey, Mr. J., extensive phagedænic ulceration, 335
Duncalfe, Mr. H., diseased vessels, and the symptomatic value of the pulse, 63; physiological action of digitalis, 1058
Dunn, Mr. R., emotional monomania in successive pregnancies, 234; statistics of midwifery, 927
Duodenum, Dr. Ranking on case of ulceration of, 723
Durrant, Dr. C. M., functional affections of heart, 3; elaterium in chronic ascites, 723; partial paralysis, 975

E.

Ear, pendulum of a clock impacted in, 400; conduction of sounds in, 531
Eastern languages in a medical point of view, 1025
Ectropion, Mr. Boult on application of nitric acid in, 407
Eddison, the late Mr. Booth, 340
Eland, flesh of as food, 126
Elaterium in chronic ascites, Dr. Durrant on, 723
Elbow-joint, excision of, 323
Electricity, application of in anæsthesia, 470
Elephantiasis of scrotum, 510
Elkington, Dr. F., polypus of uterus, 435
Ellis, Mr. H. W. T., midwifery statistics, 64; diphtheria, 420
Empyema, treatment of by drainage, 550
Engledue, the late Dr. W. C., 36, 89
Entozoon in the brain, Dr. Brittan on, 272
Entropium, treatment of, 558
Epilepsy, castration in, 341; Dr. J. Russell on cases of, 973, 995, 1013; urine in, 963
Epiphora, Mr. J. V. Solomon on treatment of, 206; Mr. Solomon on, *rev.*, 624
Ergot, tincture of in obstetric cases, 637
Ether in asthma, 797
Etiquette, medical, 316, 375
Evans, Dr. C., tracheotomy in croup, 727
Evanson, Dr. R. T., cynanche submaxillaris, 637
Excision of upper jaw, 716; of head of humerus, 50; of elbow-joint, 323; of knee, 165, 185, 806; Dr. K. King on, 565; Mr. O. Pemberton on, 958, 977, 997; Mr. R. Barwell on shortening from, 1050; of patella, 733; of astragalus, 517
Excretions, Dr. Inman on influence of vitality on, 461
Experiments on the living human subject, 783, 803
Extractives in urine, 428, 850
Extrauterine fœtation, 435
Eye, Mr. W. Martin on diseases of in India, 40, 60; watery, Mr. Solomon on, 206; Mr. A. Prichard on extirpation of, 328; light, as a cause of disease of in children, 411; instrument for applying drops to, 414; Mr. Nunneley on the, *rev.*, 588; Mr. W. Martin on use of ophthalmoscope in diseases of,

598, 622, 695, 720; Mr. Walton on, 645, 994; wound of, Mr. J. W. Baker on, 701; Mr. W. Cooper on Wounds and Injuries of, *rev.*, 797; wound of, 847; mercury in traumatic inflammation of, 881, 900, 928, 950

F.

Falshaw, Dr. W., evidence in coroners' courts, 763
Fees for medical attendance, 961, 1005
Female doctors, 292
Femur, necrosis of, 59, 80; dislocation of, 749, 882; disease of, Mr. Boult on, 892
Fever, Dr. Addison's Gulstonian Lectures on, 332, 352, 367, 386, 404, 424, 445, 463; Dr. C. H. Jones on, 999, 1017; continued, causes of, 176; cases of, 459, 805, 891; typhoid, 826; anomalous, 719, 749; puerperal, Mr. Dove on essential oils in, 287; yellow, in Bermuda, 453; in Lisbon, 747
Few, Mr. W., poor-law medical reform, 72
Fistula, anal, Dr. Mackinder on treatment by ligature, 102; Dr. Skinner on treatment of, 605; vesico-vaginal, cases of, 221, 267, 770, 1006; treatment of, 927, 1006
Fleischmann, Mr. A., strangulated femoral hernia, 5; chronic discharge from nostril, 288; obscure joint-affection, 809
Fleming, Dr. A., the Journal, 1027
Fletcher, Mr. F. D., meeting at Liverpool Medical Institution, 157
——— Mr. T. S., vaccination, 408
Flint, Mr. R., medico-ethical sections in the branches, 572
Fœtus, abdominal wall deficient in, 858; spontaneous evolution of in utero, Dr. Mackenzie on, 1015, 1029; retention of in utero, 1030
Food, adulteration of, 180, 202, 573; action of on respiration, 254; inquiry into influence of, 433
Foot, dislocation of, 175; disease of, 517, 518
Forceps, use and abuse of, 391, 414, 511
Fothergillian medal, 173
Fracture, badly united, treated by refracture, 111; ununited, Mr. W. J. Moore on, 442, 519, 580; of skull, 382, 825, 974, 1036; of ribs, 865, 866; of ribs, sternum, and spine, 123; of humerus, ununited, 885; of arm, 71, 557; of pelvis, 557; of several bones, 749
Free trade in physic, 369
Fry, Mr. F., flexion of arm in wounds of palmar arch, 1043
Fuller, Dr. H. W., strychnine in chorea, 52; sedative injections into cellular tissue, *ib.*; causes modifying action of belladonna, 704
Fund, Medical Benevolent, 546; annual report of, 635

G.

Gairdner, Dr. W. T., Medicine and Medical Education, *rev.*, 28; was Hahnemann a nostrum-vendor? 101; aneurism of thoracic aorta, 412
Gall-bladder, rupture of, 779
Gall-stones, ejected by vomiting, 780, 838; Dr. Thudichum on pathology and treatment of, 935
Gamgee, Mr. John, Veterinarian's Vade-Mecum, *rev.*, 29
Ganglion, fibrous tumour commencing in a, 80, 993
Gangrene, traumatic, Dr. R. U. West on case of, 149
Garraway, Mr. E., medical charges, 113; removal of rings from swollen fingers, 541; obscure forms of ague, 755; continued fever in the puerperal period, 891
Garrett, Dr. C. B., Congestion of the Windpipe, *rev.*, 86
Gay, Mr. J., varicose veins, 342
Glover, Dr. R. M., death of, 313
Goodfellow, Dr. S. J., treatment of empyema by drainage, 550
Goodwin, Dr. J. H., Norwich Union Life Assurance Office, 682; cancer of bladder and kidneys, 757
Gramshaw, Mr. J. H., poor-law medical reform, 53; laryngismus stridulus, 336
Gratuitous medical services, 113, 128, 156, 179, 316
Greaves, Mr. G., retroversion of uterus with labour, 269; procidentia uteri, 363
Green, Mr. J. L. femoral aneurism cured by pressure, 2
Greenhill, Dr. W. A., medical societies and the Branches, 454
Griffin, Mr. R., poor-law medical reform, 14, 35, 114, 555, 615, 881, 952
Griffith, Mr. T. T., belladonna in incontinence of urine, 270; tincture of ergot, 637; the Journal, 949.

H.

Habershon, Dr. S. O., pain as a symptom of disease of stomach, 946; etiology and treatment of peritonitis, 1047
Hæmatocele, case of, 790
Hæmatoma, case of, 865
Hæmaturia, Dr. Goodwin on case of, 757
Hæmorrhage, after labour, Mr. T. T. Blease on, 43; behind peritoneum, 1037
Hæmorrhoids and Prolapsus of the Rectum, Mr. H. Smith on, *rev.*, 390
Hahnemann, was he a nostrum vendor? Dr. W. T. Gairdner on, 101
Hall, Dr. C. R., president's address at meeting of South Western Branch, 541
Hancox, Dr. H., radical cure of hernia, 192; tubal pregnancy, 1022
Hand, wound of vessels of, 379, 419; treated by flexion of the elbow, 513, 665, 771; Mr. F. Fry on, 1043; partial amputation of, 557; lacerated wound of, and tetanus, 597
Harcourt, Mr. F. G., report of Reading Pathological Society, 762, 777, 811, 832
Hare, Dr. H., poor-law medical reform, 53
Harley, Dr. G., diphtheria, 155
Harper, Mr. P. H., use of the forceps, 511
Harrinson, Mr. I., midwifery statistics, 869, 886, 908, 928; mercury in traumatic inflammation of eye, 881
Hart, Mr. E. A., popliteal aneurism treated by flexion, 413
Harveian oration, 535
Hastings, Sir C., offered resignation of offices, 546, 548
Hawkins, Mr. C., calculus removed by lithotrity, 705
Head, death from blow on, 145
Headland, Dr. F. W., Action of Medicines, *rev.*, 248
Hearing, observations on physiology of, 531
Heart, Dr. Durrant on functional affections of, 3; Dr. Markham on diseases of, 599, 667, 740, 790, 828, 889, 996; Dr. G. M. Humphry on clots in, 650; disease of, with pneumonia and coagula, 777; diagnosis in mitral valve disease of, 1028; inflammation of, produced artificially, 1030
Henry, Dr. A., the Association and the Journal, 841
Herapath, Dr. W. B., presentations in infanticide, 46
Hernia, strangulated, Dr. T. H. Barker on, 25; Mr. Macilwain on, *rev.*, 124; Mr. J. H. James on, *rev.*, 291; inguinal, direct (in a female), Mr. Appleton on, 150; oblique (in a female), 40; descent of testis simulating, Mr. Bell on, 100; with undescended testicle, 558; strangulated, cases of, 25, 789, 845; Mr. Marsack on, 585; radical cure of, 120; Dr. Hancox on, 192; Mr. Pemberton on, 520; reduction *en masse*, 571; congenital, Mr. T. W. Crosse on, 761; femoral, cases of, 5, 25, 166, 221, 1042; obturator, strangulated, 832; umbilical, containing gravid uterus, 343
Hewitt, Dr. G., impaction of cherry-stone in larynx, 52; examination in cystic disease of ovary, 233; deficiency of anterior abdominal wall, 858; the hydatidiform or vesicular mole, *ib.*
Hinds, Dr. W., paraplegia in relation to renal disease, 288
Hingeston, Mr. J. A., meteorology of 1858, 224
Hip-joint, dislocation at early age, 187; disease of, Mr. J. Z. Laurence on, 226; excision of, 970
Hippuric acid in urine, 427, 850
History of medicine, lectures on, 108
Hoar, Mr. W., encephaloid disease, 1040
Hodges, Dr. R., hysteria simulating labour, 1047
Hodson, Mr. C. F., chlorine inhalations in diphtheria, 22
Hogg, Mr. J., vegetable parasites of human skin, 178, 241
Holthouse, Mr. C., castration in epilepsy, 341
Homœopathy, repudiation of, by the Liverpool Medical Institution, 108, 125, 133, 157; *Punch* on, 220
Hooper's Physician's Vade-Mecum, *rev.*, 49
Hooping-cough, Dr. J. Armstrong on, 388
Hospital, Taunton and Somerset, new rule of, and dismissal of medical officers, 10, 49, 56, 73, 88, 94, 115, 127, 157, 337; Consumption, at Torquay, 276; Clinical, at Manchester, Dr. Whitehead's Third Report of, *rev.*, 292; German, 418; Middlesex, 438; New Cancer, 452; Jersey, burning of, 616; Birmingham General, Collection for, 945; Military, at Netley, 786
Hospital Practice, Dr. Lyons' Handbook of, *rev.*, 391
Hospitals, local taxation of, 281; Dublin, 496; military, at Milan, 529; inspectors of, 661
Howkins, Mr. T., vitality of the teeth, 245
Hughes, Dr. J. R., case of diphtheria, 80
Human race, antiquity of, 855
Humboldt, Baron von, death of, 396
Humerus, excision of head of, 51; dislocation of, 691; ununited fracture treated by ivory pegs, 885
Humphry, Dr. G. M., granular ophthalmia treated by gonorrhœal matter, 19; Treatise on the Human Skeleton, *rev.*, 228; dislocation of the thumb, 356; fracture of forearm,

557; fracture of pelvis, *ib.*; formation of clots in the venous system during life, 582, 601, 619, 650
Hunt, Mr. T., Diseases of the Skin, *rev.*, 29
Hunter, John, reinterment of, 229, 275, 281; proposed memorial of, 275, 314, 316, 319, 345, 496, 626
Husband, Dr. W., public vaccination, 360
Hussey, Mr. E. L., the Taunton attendance book, 375
Hydarthrosis of knee, 691
Hydatid tumour of omentum, 121; cyst of liver, Dr. W. Budd on, 273; Dr. A. Inglis on, 283; supposed, of liver, 934
Hydatids, uterine, 780
Hydrocele cured by metallic seton, 284; by silk seton, 691; cholesterine in fluid of, 878; of neck, 379
Hydrocephalus, Dr. J. E. Crook on, 488; Dr. J. Watson on croton oil as a counterirritant in, 540
Hymen, imperforate, Mr. T. Paget on, 579
Hysteria, a connecting link between bodily and mental disease, 234; in connection with religion, 762, 784; simulating labour, 1047

I.

Idiosyncrasies, Mr. T. W. Nunn on, 460
Illegal practitioners, leading articles on, 409, 489, 836, 944; prosecutions of, 126, 222, 468, 472, 495, 507, 529, 554, 568, 608, 654, 674, 727, 730, 911, 930, 943, 1011; relations of Medical Council to, 473, 656
Indian Medical Service. *See* Army
Infanticide, Dr. W. B. Herapath on presentations in, 46
Inflammation and fever, Gulstonian lectures on. *See* Lectures. Dr. C. H. Jones on, 938, 955, 999, 1017; local blood-letting in, 1045, 1049, 1057
Inglis, Dr. A., hydatid tumour of liver, 283; malignant tumour of neck, *ib.*
Inhibitory influence, Dr. H. Jones on, 104
Inman, Dr. T., influence of vitality on secretions, 350, 523; influence of vitality on excretions, 461; acute rheumatism, 865, 906; local blood-letting, 1057
Insane, responsibility of, 17, 29, 590. *See* Asylums, Lunacy, and Lunatics
Introductory Lectures. *See* Lectures
Intussusception, case of, 779
Invagination of intestine in a child, 511
Iodides, Dr. H. Johnson on eruption from use of, 60
Iodine, Dr. Skinner on treatment of sinus by injection of, 721
Iris, diseases of in India, 41
Iron in urine, 503

J.

Jackson, Dr. J., diphtheria, 373
——— Dr. T. H., the Journal, 880
James, Mr. J. H., Operations for Strangulated Hernia, *rev.*, 291
Jardin des Plantes, deaths of animals in, 183
Jaw, upper, excision of, 716
Jejeebhoy, Sir Jamsetjee, death of, 432
Jenner, Dr. E., statue of, 575
Jennings, Mr. J. C. S., diphtheria, 562; fallacy of copper-test for arsenic, 706
Jessett, Mr. F. B., cerebral disease and amaurosis in a child, 476
Johnson, Dr. G., encephaloid cancer of testis in abdomen, 110; Bright's disease of kidney, 315
——— Dr. H., eruption from use of iodides, 60
Joints, Mr. H. Coote on forcible extension of, 21; Mr. Fleischmann on obscure affection of, 809; Mr. Bryant on Injuries and Diseases of, *rev.*, 876
Jones, Dr. C. H., inhibitory influence, 104; nerve disorder, 308, 331; catarrh, 772; inflammation and fever, 938, 955, 999, 1017; action of digitalis, 1057
——— Mr. G. M., disarticulation of scapula, 51
——— Mr. J., malformation of bladder, 1027; uterine truss, *ib.*
Jordan, Mr. F., Introduction to Clinical Surgery, *rev.*, 67
Journal, British Medical, leading articles on, 816, 856; debate in East York and North Lincoln Branch on, 819; letters on, 841, 842, 859, 860, 861, 862, 863, 879, 880, 900, 928, 948, 949; resolution of Committee of Council on, 1026
Journal of Psychological Medicine, *rev.*, 545

K.

Kidd, Dr. C., deaths from chloroform, 179
Kidney, Dr. Hinds on paraplegia with disease of, 288; Bright's disease of, 315; Dr. W. H. Dickinson on diseases of, 603; Dr. Goodwin on cancer in, 757; abscess of, 934
King, Dr. K., excision of knee-joint, 565
Kirkman, Dr. J., public and private asylums, 375; president's address at meeting of East Anglian Branch, 604
Knee-joint, excision of, 165, 185, 806; Dr. K. King on, 565; Mr. O. Pemberton on, 958, 977, 997; Mr. R. Barwell on cause of shortening after, 1050; abscess in, 205; hydrarthrosis of, 691; Mr. H. Coote on treatment of contraction of, 1015

L.

Labour, with retroverted uterus, Mr. Greaves on, 269; premature, with distorted pelvis, 858; retroflexion of uterus during, 1046; tedious, sloughing of fœtal scalp from, *ib.*; simulated by hysteria, 1047
Lace-factories, health of workers in, 508
Lacrymal apparatus, diseases of in India, 41
Lactation, defective, Dr. Routh on, 216
Lactic acid in urine, 428
Lara and Walters *versus* Ward, 377, 414, 437
Lardner, Dr., Chemistry for Schools, *rev.*, 291: death of, 395
Laryngismus stridulus, Mr. J. H. Gramshaw on, 336
Laryngitis, cases of, 347, 833, 834
Larynx, cherry-stone impacted in, 52
Laurence, Mr. J. Z., hip-joint disease, 226; diplopia, 265; paralysis of sixth nerve, 538; acute rheumatic ophthalmia, *ib.*
Law and physic, 743
Lawford, Dr. E., œdema of glottis from drinking sulphuric acid, 942
Lawrie, Dr. J. A., resignation of, 877
Laycock, Dr. T., parasitic nature of diphtheria, 112
Lead-poisoning, Mr. Chavasse on, 330; Dr. F. J. Brown on, 337
Lectures, clinical, on lithotomy, Mr. S. Smith's, 7, 23, 44, 65, 84; on urine, urinary deposits, and calculi, Dr. L. Beale's, 271, 310, 384, 426, 466, 501, 669, 758, 809, 850, 941, 962; Gulstonian, on fever and inflammation, Dr. W. Addison's, 332, 352, 367, 386, 404, 424, 445, 463; on classification and geographical distribution of mammalia, abstract of Professor Owen's, 406; clinical, on asthenic pneumonia, Dr. J. Russell's, 524; introductory, at medical schools, 813, 835; introductory, at Grosvenor Place School, Dr. Cockle's, 871; Lettsomian, on certain points connected with diabetes, notes of Dr. Pavy's, 985, 1001, 1022
Lee, Mr. H., forms of syphilitic inoculation, 704
——— Dr. R., case of tubal gestation, 968
Legge, Mr. W., the Journal, 880
Lemoine trial, 1024
Lexicon, Expository, Dr. Mayne's, *rev.*, 49
Liebig, Baron, on London drainage, 70; Familiar Letters on Chemistry, *rev.*, 248
Lime in urine, 503
Lister, Mr. E., excision of patella, 733
Lithotomy, Mr. S. Smith's lectures on, 7, 23, 44, 65, 84; Mr. A. Prichard on median operation, 351; median, in a child, 538; in a female, Dr. McEwen on, 652; cases of, 995
Littleton, Dr. T., benighted regions, 803
Liver, Dr. Mushet on rupture of, 123; hydatid cyst of, Dr. W. Budd on, 273; Dr. A. Inglis on, 283; Mr. Walter on wound of, 562; hydatids of, 780, 934
Lobb, Mr. H., idiopathic peripheral neuralgia, 1007
Lobelia in asthma, 796
Lochée, Dr. A., chorea ending fatally, 718
Lumbago, Dr. W. Newman on, 122
Lumbricus, Mr. A. Prichard on case of, 854
Lunacy, laws regarding, meeting at Exeter Hall, 116; leading articles on, 152, 193, 357, 567; parliamentary committee on, 157, 418, 551; act (Scotland), 157; appointment of master in, 159; bills regarding, 180, 196, 213; meetings of association of medical officers of asylums on, 202, 280; statistics, 747
Lunatic poor (Ireland) bill, 130, 237; soldier, discharge of, 555, 945, 989
Lunatics, homicides by, 452, 988. *See* Asylums and Insane.
Lungs, laceration of, 186; Dr. A. T. H. Waters on structure of, 593
Lyell, Sir C., antiquity of the human race, 855
Lyons, Dr. R. D., Handbook of Hospital Practice, *rev*, 391

M.

McArdle, Mr. C., registration fees, 359
McCormick, Mr. R., promotion of, 432
McEwen, Dr. W., calculus in a female, 652, 706
Macilwain, Mr. G., Memoir on Strangulated Hernia, *rev.*, 124
McIntyre, Dr. J., president's address to Reading Branch, 584; reduction of dislocation of hip, 882

Mackenzie, Dr. F. W., cancer of uterus and rectum, with abortion, 154; delivery by turning after perforation, 927; evolution of fœtus in utero, 1015, 1029
Mackay, Dr. E., diphtheria on board the *Cumberland*, 373
Mackinder, Dr. D., diphtheria at Gainsborough, 32; anal fistula treated by ligature, 102
McWilliam, Dr. J. O., influence of river emanations on health, 746
Macy, Mr. H. J., poor-law medical reform, 72
Magnesia in urine, 503
Malformation, Mr. J. H. Spencer on case of, 742
Malpractice, action for, 490
Mammalia, Professor Owen on classification and distribution of, 406
Manslaughter, committal of a surgeon for, 211
Markham, Dr. W. O., bleeding in diseases, 284, 307; pathology, diagnosis, and treatment of cardiac diseases, 599, 667, 740, 790, 828, 889, 996; local blood-letting, 1048
Marriages. *See* Medical News in each number.
Marsack, Mr. B., strangulated inguinal hernia, 585
Martin, Dr. A., neuralgia, 565
——— Dr. R., dangers of inhaling chloroform, 583
——— Mr. W., diseases of the eye in India, 40, 60; use of the ophthalmoscope, 597, 622, 695, 720
Mason, Mr. F., angina pectoris, 875
May, Mr. G., jun., vaccination, 130; the JOURNAL, 949
Mayne, Dr. R. G., Expository Lexicon, *rev.*, 49
Mayo, Dr. T., responsibility of the insane, 17
Medical Act, act to amend, 173, 180, 199, 200, 213, 236, 279, 317, 393; bill to amend, 595, 609, 614, 661, 683; prosecutions under, *see* Illegal practitioners; working of, 836, 928, 944
——— charges, 107, 113, 128, 156, 157
——— Council. *See* Council.
——— education, report of Council on, 660, 677
——— etiquette, 260, 279, 316, 375
——— evidence in courts of justice, 594
——— jurisprudence, Dr. Mushet's contributions to, 42, 83, 103, 123, 151, 170
——— practice, sale of, action for agent's fees, 377, 414, 436
——— profession, representation of in parliament, 108, 200, 411; public relations of, 515
——— reform, proposition for, 495
——— registration. *See* Registration.
——— services, gratuitous, 113, 128, 156, 179, 316
——— students in United States, 280
——— titles, assumption of, 458; meaning of, 880, 929
Medicine, lectures on history of, 108; and Medical Education, Dr. W. T. Gairdner on, *rev.*, 28; Dr. Hughes Bennett's Clinical Lectures on, *rev.*, 430
Medicines, Dr. Neligan on, *rev.*, 68; Dr. Headland on Action of, *rev.*, 248; employment of in vapour, Dr. Nevins on, 769
Medico-ethical lectures in Branches, 572
Melanosis, Mr. O. Pemberton on, *rev.*, 49
Meningitis, latent, 145
Mercury in traumatic inflammation of eye, 881, 900, 928, 950
Meteorology of 1858, Mr. Hingeston on, 224
Microscope, Dr. L. Beale on, *rev.*, 86
Midwifery, statistics of, Mr. H. W. T. Ellis on, 64; Mr. Rigden on, 867; Mr. Harrinson on, 869, 886, 908; Mr. Dunn on, 927; Mr. H. W. Bailey on, 1046; Dr. Armstrong on anomalous cases in, 1041
Military commands, responsibility of, 68
——— surgery, professorship of in Dublin, 220
Militia, hospital accommodation for, 823
Milroy, Dr. G., yellow fever in Bemuda, 453
Milton, Mr. J. L., nature and action of syphilitic virus, 235
Miners, mortality among, 799
Moles, vesicular, 858
Mollities ossium, Cæsarean section in, 13; Dr. E. L. Ormerod on case of, 736
Monomania, emotional, in successive pregnancies, 234
Monro, the late Dr. A., 250
Moore, Mr. W. J., ununited fractures, 442, 519, 580
Morgagni, statue of, 575
Morris, Mr. T., poisoning by potatoe-berries, 719
Moxhay, Mr. W., calculus in a child, 538
Mucuna as an irritant, 594
Munroe, Dr. H., the Association and the JOURNAL, 842
Murchison, Dr. C., causes of continued fever, 176
Murphy, Dr. E. W., Cæsarean section, 13
Murray, Mr. G. C. P., exomphalos with gravid uterus, 343; tubal pregnancy, 1050
Mushet, Dr. W. B., death from destitution, 42; obscure cerebral symptoms, 83; sopor and coma from, with renal disease, 103; fracture of ribs, etc., and rupture of liver, 123; death from drowning, 151; strangulation, 170; angina pectoris, 830
Mushrooms, poisoning by, 843

N.

Nankivell, Dr. C. B., foreign diplomas, 613
Napper, Mr. A., smells as a cause of disease, 840
Narcotic injections into cellular tissue, 19, 52
Naval medical officers, proceedings in parliament respecting, 157, 200, 317, 344; letter on, 182; leading articles on, 194, 450; new warrant, 456
——— medical supplemental fund, 317
Necrosis of upper part of femur and pelvis, 59; of lower end of femur, 80
Neligan, Dr. J. M., Medicines, *rev.*, 68
Nerve-disorder, Dr. C. H. Jones on, 308, 331
Nervous system, Dr. A. T. H. Waters on physiology of, 685, 713
Nesbitt, Dr. P. R., forced alimentation, 587
Ness, Mr. J., fees at coroners' inquests, 260
Neuralgia, narcotic injections in, 19, 52; Dr. A. Martin on, 565; of brachial plexus simulating wasting palsy, Dr. Sloane on, 787; idiopathic peripheral, 1007
Nevins, Dr. J. B., employment of medicines in vapour, 769; new pessary for vesico-vaginal fistula, 770
Newbery's cod-liver oil gingerbread, 124
Newman, Mr. W., lumbago, 122; diphtheria, 771
Nicholas, Mr. G. E., inquiry into causes of death, 899
Nitric acid in ectropion, Mr. Boult on, 407
Norman, Mr. G., treatment of stricture of urethra, 448
Northcote and Church's Qualitative Chemical Analysis, *rev.*, 291
Nose, Mr. Fleischmann on chronic discharge from, 288; foreign bodies in, 771, 789
Nuisances, 856
Nunn, Mr. T. W., idiosyncrasies, 460; the JOURNAL, 863
Nunneley, Mr. T., ligature of carotid for aneurism in the orbit, 371; the Organs of Vision, *rev.*, 588
Nurses, hospital, treat to, 575
Nursing apparatus, 1024
Nyctalopia, Mr. A. Prichard on, 447

O.

O'Bryen, Dr. J., charter of College of Physicians, 156
Obstetric education, memorial to Medical Council on, 662
Obstetrics, Dr. T. Smith's Manual of, *rev.*, 468
Œdema of glottis from drinking sulphuric acid, Dr. Lawford on, 942
Œsophagus, stricture of, Mr. Batty on, 776
Oils, essential, in puerperal fever, Mr. Dove on, 287; ozonised, 593
Oke, Dr. W. S., the stomach and its ailments, 147, 167, 190, 222
Oldham, Dr., retroflexion of uterus during labour, 1046
Omentum, hydatid tumour of, 121; laceration of, 537
Ophthalmia, granular, treated by gonorrhœal matter, 19; purulent, in infants, light as a cause of, 411; rheumatic, 538
Ophthalmic surgery, instruction in, 358, 378
Ophthalmoscope, Mr. W. Martin on, 597, 622, 695, 720; illustrations of use of, 645, 994
Opisthotonos, case of, 832
Opium, rheumatism treated by, 645; in asthma, 795; poisoning by, 103, 205, 629, 988, 1037
Ormerod, Dr. E. L., mollities ossium, 736
Osteology, Human, Mr. F. O. Ward on, *rev.*, 430
Ovariotomy, cases of, 39, 146, 214, 422, 440; childbirth after, 178
Ovary, examination in suspected disease of, 233: dropsy of, opening into peritoneum, 1036
Owen, Professor, classification and distribution of mammalia, 406
Oxygen as a therapeutic agent, 839, 859; Dr. Birch on, 1033, 1053
Ozonised oils, Dr. F. Thompson on, 593

P.

Page, Dr. F., results of operations for club-foot, 169
Paget, Dr. G. E., weights used in pharmacy, 621
——, Mr. T., retention of urine, 526; imperforate hymen, 579

Paine, Mr. H. J., on extended sanitary supervision, 295
Palate, fissure of, 666; adhesion of soft to fauces, 705
Paley, Dr. W., chronic peritonitis, 586
Palsy, wasting, Dr. Sloane on, 787, 788
Paralysis of sixth nerve, 538; partial, Dr. Durrant on, 975
Paralytics, proposed institution for, 902
Paraplegia in relation to renal disease, Dr. Hinds on, 288
Parasites of human skin, Mr. Hogg on, 178, 241
Parker, Mr. L., new mode of relieving retention of urine, 400; syphilis of uterus, 484
Parliament, representation of medical profession in, 108, 200, 411
Parsons, Mr. J., the Journal, 949
Patella, excision of, 733
Pavy, Dr. F. W., Lettsomian lectures, 985, 1001, 1022
Pelviperitonitis, Dr. Tilt on, 342
Pelvis, fracture of, 557; abscess of, 781
Pemberton, Mr. O., Cancerous Diseases, *rev.*, 49; fissured fracture of cranium, 382; radical cure of hernia, 520; excision of the knee, 958, 977, 997
Pendulum impacted in ear, 400
Penis, amputation of, 882
Pericarditis, Dr. Markham on, 667, 740, 790, 828, 889, 996
Perineal section, Mr. T. Paget on case of, 526
Peritoneum, medullary cancer of, 239
Peritonitis, after division of imperforate hymen, 579, 683; chronic, W. Paley on, 586; etiology and treatment of, 1047
Pessary, Bourjeaud's mushroom, 312; for vesico-vaginal fistula, Dr. Nevins on, 770
Phagedænic ulceration, Mr. Dulvey on, 335
Phosphates in urine, 466, 501, 962
Phthisis, Dr. Turnbull on causes of, 365, 401; acute, 733; and Stethoscope, Dr. Cotton on, *rev.*, 896; Dr. E. Smith on treatment of, 982
Physiology, Dr. J. H. Bennett's Outlines of, *rev.*, 248; address in, Dr. A. T. H. Waters's, 685, 713
Placenta prævia, Mr. C. P. Stevens on, 244; physiology and treatment of, 343; case of, 781
Pneumonia, with latent meningitis, 145; asthenic, 363; Dr. J. Russell on, 524; urinary chloride in, 941
Poisoning by arsenic in lozenges, 10; by laudanum, 37; by opium, 103, 205, 692, 988; by aconite, 122; accidental, bottle for prevention of, 249; by lead, 330, 337; suspected, 707, 897; by chloride of zinc, 651; arsenical, fallacy of copper test in, 706; by potatoe-berries, 719; by impure drugs, 783; by Bath buns, 1052, 1057
Poisons, sale of, bill to regulate, 130, 172, 173, 261; petition of Edinburgh College of Physicians, 237; American Medical Monthly on, 786; American laws on, 991
Police in Hull, health of, 18
Pollock, Mr. G. D., dislocation of foot, 175
Polypus, uterine, 435
Poor-law medical reform, Mr. Griffin on, 14, 35, 114, 219, 555, 952; proposed new scheme of, 30, 35, 50, 70, 230; Mr. J. W. West on, 33, 129; Dr. H. Hare on, 53; Mr. C. C. Wallis on, *ib.*; Mr. Gramshaw on, *ib.*; meeting at Bedford on, 54; meeting at Chippenham, 55; Mr. Walthew on, 72; Mr. Macy on, *ib.*; Mr. Few on, *ib.*; letters on, 72, 73; resolutions of committee of Poor-law Association, 75; Dr. W. Williams on, 94; meeting at Norwich, 96; Mr. H. Dayman on, 113; Mr. J. H. Crisp on, 114; meeting at Bromsgrove, 116; deputation to President of Poor-law Board on, 125, 161, 238; Mr. T. L. Pridham on, 129; medical officers in Rotherham on, 143; meeting at Nottingham, 183
——— medical officers, memorial of Edinburgh College of Surgeons on qualifications of, 182; Medical Council on, 658; unregistered, 881
——— relief in Ireland, 396
——— surgeon, homœopathic, 31, 126; papers on complaint against a, 320
Porter, Dr. H., poisoning by chloride of zinc, 651
Post-mortem examination, Mr. W. Sankey on, 436
Potassa fusa in retention of urine, 400, 436
Potatoe-berries, Mr. T. Morris on poisoning by, 719
Pregnancy, Dr. Barker on vomiting and diarrhœa in, 600, 793; case of, 1047; ovarian, 858; tubal, Dr. Hancox on, 1022; Mr. Murray on, 1050
Prescriptions, Mr. Beasley's Book of, *rev.*, 68
Prichard, Mr. A., extirpation of the eye, 328; median operation of lithotomy, 351; nyctalopia, 447; lumbricus, 854; amputation of penis, 882
Pridham, Mr. T. L., poor-law medical reform, 129
Priestley, Dr. W. O., labour with fibrous tumour of uterus, 643; sloughing of fœtal scalp from tedious labour, 1046
Prison-dietary, 429; discipline in America, 536
Pritchard, Dr. E., champagne in diphtheria, 729
Prizes, Swiney, 132; Fothergillian, 173; on small-pox and vaccination, 555; Fiske fund, 781
Prosecutions. *See* Illegal practitioners
Prostate, Enlarged, Mr. H. Thompson on, *rev.*, 209
Public Health Act, 551, 595, 614; leading article, 965
Punch on homœopathy and allopathy, 220
Pupil, artificial, formation of, 275
Purpura, acute, case of, 788
Pyæmia, cases of, 80, 789, 933, 990

Q.

Quack, dissection of a, 478; doctors, 489, 495
Quackery, treatment of encouragers of, 316; clerical, 1056
Quain, Mr. R., peculiar vascular tumour of rectum, 510

R.

Radcliffe, Mr. J. N., report of diphtheria subcommittee, 1028
Ranking, Dr. W. H., the Norfolk and Norwich Assurance Office, 532; ulceration of duodenum, 723
Ransome, Mr. A., diphtheria with paralysis, 906
Ready method, Dr. M. Hall's, 729
Rectum, Dr. Skinner on sterility from disease of, 499; peculiar vascular tumour of, 510; Dr. Skinner on treatment of ulceration of, 605: scirrhus of, 779; polypus of in children, 969; Mr. Rouse on strumous disease of, 1019
Refracture of bone, 111
Register, the Medical, publication of, 568; letters on, 613, 644; price of, 654, 656
Registration, medical, notices regarding, 11, 51, 252, 295, 967; resolution of Reading Branch, 12; scheme of Northampton Association, 70; of poor-law officers, 30, 71, 881; action of South-Eastern Branch in, 91; of Yorkshire Branch, 92; fees for, 359; fraudulent, 817
Registration Associations, leading articles on, 50, 674, 727, 783, 896; London, 37, 55, 96, 144, 202, 417, 478, 767, 823, 896, 902; conference with Medical Council, 674, 675; Bakewell and North Derbyshire, 55; Chichester, 76; Bedfordshire, 76, 143; East Surrey, 91; West Surrey, *ib.*; Tunbridge Wells, *ib.*; Northamptonshire, 143; Hull, 201; Birmingham, 726, 783, 784; Norfolk and Norwich, 902; Liverpool, 951; Bristol and Bath, 951, 1010; Leeds, 991; Portsmouth, Portsea, and Gosport, 1010
Respiration, experiments on, 253; action of food on, 254; cyclical changes in, 255
Retina, use of ophthalmoscope in diseases of, 623, 695
Rewards and recompenses, 210
Rheumatism, acute, with heart-disease and pneumonia, 303; treated by opium, 645; cases of, 865, 906, 1014
Rhodes, Mr. J., mucuna as an irritant, 594
Ribs, fracture of, 865, 866
Richardson, Dr. B. W., the late Dr. Snow, 415; zymosis, 947; endocarditis following administration of casein, 1030; honorary degree conferred on, 1033
Rifle-corps, hygienic aspects of, 471, 1004
Rigby, Dr. E., introductory address at meeting of Obstetrical Society, 32
Rigden, Mr. G., diphtheria in Canterbury, 420; midwifery statistics, 867
Ringer, Mr. S., physiological changes in ague, 680
Rings, removal of from fingers. Mr. Garraway on, 541
Robertson, Dr. A., testimonial to, 616
——— Dr. W. T., payment of dispensary medical officers, 374
Robinson, Mr. M. A., obscure cases in medicine, 807
Rogers, Dr. J., diphtheria with irritation, paralysis of the œsophagus, 969
——— Dr. W. R., pathological appearances in diphtheria, 71, 92
Rouse, Mr. J., strumous disease of rectum, 1019
Routh, Dr. C. H. F., defective lactation, 216; prolapsus uteri, 885; castor-oil plant as a lactagogue, 1030
Ruck, Mr., case of, 534, 545
Russell, Dr. J., aneurism of abdominal aorta, 203; medullary cancer of peritoneum, 239; rheumatism with heart-disease and pneumonia, 303; asthenic pneumonia, 363, 524, acute tuberculosis, 459; chorea, 577; acute phthisis, 733; dilatation of aorta, 750; medullary cancer, 826; epilepsy, 973, 995, 1013
Ruttledge, Mr. T. E., scarlatina, 166

S.

Salter, Dr. Hyde, prognosis of asthma, 482; etiology of asthma, 538; events in clinical history of asthma, 559, 648, 693, 1048; consequences of asthma, 753; sedatives in asthma, 794
Sanderson, Dr. J. B., epidemic of diphtheria, 373
Sandford, the late Mr. R., proposed monument to, 1051
Sandwith, Dr. H., the Association and JOURNAL, 879
——— Dr. T., antiquarian medicine, 503, 852
Sanitary legislation, petition of medical men in Cheltenham and Gloucester, 277; supervision, Mr. Paine on extension of, 295. *See* Public Health
Sankey, Mr. W., potassa fusa to the urethra, 436; president's address at meeting of South Eastern Branch, 544; diphtheria, 1043
Sarcina ventriculi, fatal case of, 100
Savery, Mr. J. C., instrument for applying drops to the eye, 414
Savory and Moore's bottle for preventing poisoning, 249
Scalp-wound, cases of, 953
Scapula, disarticulation of, 51
Scarlatina, Mr. Ruttledge on, 166
Sclerotitis, in India, 41; Dr. R. H. Taylor on peculiar form of, 731
Scrotum, elephantiasis of, 510
Secretion, influence of vitality on, Dr. Inman on, 350, 523; Mr. J. K. Spender on, 442
Sedgwick, Dr. L. W., feeding of children, 900
Serpentine, cleansing of the, 661, 673
Shaw, Mr. A., popliteal aneurism treated by flexion, 413; fractured rib, 866
Sibley, Mr. S. W., statistics of cancer, 296
Silica in urine, 503
Sinus, Dr. Skinner on treatment of by iodine, 721
Skeleton, Human, Dr. G. M. Humphry on, *rev.*, 228
Skey, Mr. F. C., refracture of bone, 111
Skin, Mr. Hunt on Diseases of, *rev.*, 29; Mr. Hogg on parasites of, 178, 241; urine in diseases of, 851
Skinner, Dr. T., sterility from disease of rectum, 499; division of the sphincter ani, 605; treatment of sinus by iodine, 721; the JOURNAL, 863; deodorisation in carcinoma uteri, 979
Skull, Mr. Pemberton on fissured fracture of, 382; fractures of, 734, 825, 974, 1036
Sloane, Dr. J., incontinence of urine, 119; neuralgia simulating wasting palsy, 787; wasting palsy, 788
Small-pox, Dr. W. Addison on generation of virus of, 387; prize essay on, 555; spread of, 986, 1003. *See* Vaccination
Smells, as alleged causes of disease, 746, 781, 840
Smethurst, Thomas, trial of, 707; leading articles on case of, 702, 725, 726, 742
Smith, Dr. E., experiments on phenomena of respiration, 253; action of food on respiration, 254; cyclical changes in respiration, 255; prison dietary, 429; influence of food, 433; reading of papers at the annual meetings, 532; treatment of phthisis, 982
——— Mr. H., Hæmorrhoids and Prolapsus of the Rectum, *rev.*, 390
——— Mr. S., clinical lectures on lithotomy, 7, 23, 44, 65, 84
——— Dr. T., abolition of craniotomy, 154; forceps practice, 414; puerperal convulsions with albuminuria, 435; Manual of Obstetrics, *rev.*, 468; emaciation from obstinate vomiting, 1047
——— Mr. T. H., diphtheria, 563
Snow, the late Dr., proposed monument to, 411, 415
Societies, medical, and the branches, 431, 454, 506
Society of Arts, prize offered, 97
——— Cornwall Medical, annual meeting of, 678
——— Epidemiological, reports of, 32, 176, 295, 372, 453, 532, 946, 1028; diphtheria, sub-committee, 162, 1028
——— Harveian, reports of, 52, 93, 411, 1007
——— Medical, of London, reports of, 13, 71, 92, 178, 216, 234, 342, 839, 859, 878, 899, 946, 969, 1006, 1028, 1048; anniversary meeting, 235; Lettsomian lectures, 985, 1001, 1005, 1022
——— New Sydenham, 897; Publications of, *rev.*, 1044
——— North London Medical, officers of, 220
——— Obstetrical, of London, leading article on, 9; inaugural meeting of, 15; reports of, 32, 154, 233, 343, 435, 511, 858, 927, 1046; memorial to Medical Council, 662
——— Pathological, of Dublin, officers of, 1031
——— Pathological, of Reading, proceedings of, 762, 777, 811, 832
Society for Relief of Widows and Orphans of Medical Men, 903
——— Royal, reports of, 253, 531, 593
——— Royal, of Edinburgh, prizes of, 1031
——— Royal Medical and Chirurgical, reports of, 51, 110, 175, 214, 232, 255, 296, 315, 341, 371, 412, 433, 494, 510, 550, 571, 593, 680, 704, 727, 968, 989, 1047; anniversary meeting, 278
——— Royal Medical of Edinburgh, annual dinner, 378
——— Salopian Medico-Ethical, amalgamation with Shropshire Branch, 278, 395, 592
——— Surgical, of Ireland, 1052
Soldiers, sick, 747
Solomon, Mr. J. V., New Treatment of Epiphora, 206; reclination of cataract with two needles, 274; on Epiphora, *rev.*, 624
Sopor lapsing into coma, Dr. W. B. Mushet on, 103
Southam, Mr. G., recto-vesical operation for calculus, 728
Spanish military surgery, 966
Spencer, Mr. J. H., case of malformation, 742
Spender, Mr. J. K., influence of vitality on secretion, 442
Spine, cases of injury of, 240; caries of, 537
Squibb, Mr. G. J., the late, 109, 157
Stamp duty on diplomas, 195, 202; repeal of, 726
Steele, Mr. A. B., the JOURNAL, 928
Sterility from disease of rectum, Dr. Skinner on, 499
Stevens, Mr. C. P., placenta prævia, 244
Stewart, Dr. A. P., the late Mr. Squibb, 157; the Association debt, 681
Stomach, Dr. Oke on ailments of, 147, 167, 190, 222; Dr. Brinton on Diseases of, *rev.*, 505; perforating ulcer of, 613; Dr. Wade on ulcer of, 848; pain as a symptom of disease of, 946; Dr. Wells on treatment of disorders of, 1038
Stones swallowed by a lunatic, 48
Storrar, Dr., his election to the Medical Council, 144, 153, 490
Stramonium in asthma, 795
Strangulation, Dr. W. B. Mushet on case of, 170
Stricture. *See* Urethra
Strychnine in chorea, 52
Sugar, Dr. Pavey on formation of in animal tissues, 985, 1001, 1022
Suicide, 339
Sulphates in urine, 502, 942
Sun, burn from rays of, 579
Superstition, 438
Suprarenal bodies, disease of, 717
Surgeon dentists, 744
Surgery, Clinical, Mr. F. Jordan's, *rev.*, 67
Swiney prize, 132
Synovial tumours, 770
Syphilis, nature and action of virus of, 235; of uterus, Mr. L. Parker on, 484; infantile, 511; forms of inoculation of, 704

T.

Talipes equinus, case of, 434; varus, 969
Tanner, Dr. T. H., infantile syphilis, 511
Tapeworm, Mr. Collyns on case of, 171
Tarsus, disease of, 517
Taylor, Dr. R. H., peculiar form of sclerotitis, 731
Teale's amputation, cases of, 265, 517, 994
Teeth, Mr. Howkins on vitality of, 245
Temperature, range of, 320
Tendons, reparative process in, 681
Terry, Mr. G., coroners' inquests and medical fees, 216
——— Mr. H., the JOURNAL, 859
——— Mr. H., jun., coroners' inquests, 217; public vaccination, 970
Testicle, malignant disease of in a child, 1; descent of, simulating hernia, 100; encephaloid disease of in abdomen, 110; undescended, hernia with, 558
Testimonial to Mr. R. S. Fowler, 106; Dr. F. J. Brown, 195; to Messrs. Pritchard, 247; to Mr. J. Wylie, *ib.*; to Dr. M. Dill, 418; to Dr. A. Robertson, 616; to Mr. J. Sutton, 596; to Dr. W. Bruce, 616; to Mr. J. R. Holman, *ib.*
Tetanus, case of, 597; treated by stimulants, 665; by woorara, 800, 878, 989
Thames, state of the, 470, 551, 590; influence of emanations on health, 746, 782
Thigh, Mr. Clement on tumours of, 4; fibrous tumour of, 399

Thompson, Mr. H., Enlarged Prostate, *rev.*, 209; internal incision in stricture of urethra, 839; Stricture of the Urethra, *rev.*, 893
——— Dr. T., ozonised oils, 593
Thorburn, Dr. J., peculiar auscultatory phenomenon, 483
Thudichum, Dr. J. L. W., pathology and treatment of gall-stones, 935
Thumb, mechanism of dislocation of, 356
Thyroid body, cyst connected with, 717
Tilt, Dr. E. J., pelviperitonitis, 342; peritonitis after division of imperforate hymen, 683
Tissue, common, Dr. W. Addison on, 332
Tobacco in asthma, 794
Tomes, Mr. J., System of Dental Surgery, *rev.*, 430
Toogood, Dr. J., treatment of wounds of palmar arch by flexion of elbow, 513
Tooth, carious, Mr. Fleischmann on chronic nasal discharge from, 288
Toynbee, Mr. J., conduction of sonorous undulations to the labyrinth, 531
Tracheotomy in croup, 59, 727, 1029; for tumour pressing on trachea, 283; for laryngitis, 347; importance of position in, 839; for œdema of glottis, Dr. Lawford on, 942
Transfusion of blood, 233
Tubal pregnancy, 1022, 1050
Tuberculosis, acute, 459
Tumour of thigh, Mr. Clement on, 4; abdominal, Mr. Dix on diagnosis of, 5; recurrent fibro-plastic, of wrist, 80, 993; hydatid, of omentum, 121; sebaceous, of head, 205; hydatid, of liver, 283; of neck, pressing on trachea, *ib.*; fibrous, of thigh, 399; vascular, of rectum, 510; synovial, 770; fibrous, of uterus, 781
Turnbull, Dr. J., causes of pulmonary consumption, 365, 401; Curability of Consumption, *rev.*, 545
Turner, Mr. W., adhesion of soft palate to fauces, 705

U.

Ulcers and Cutaneous Diseases of the Leg, Mr. Chapman on, *rev.*, 430; deodorisation of, 878
Uniform of army medical officers, 1023
University, Aberdeen, pass lists, 361, 684
——— of Cambridge, pass lists, 319, 417, 515; medical hostel, 553
——— of Dublin, pass list, 574
——— of Durham, recognition of medical schools, 202
——— of Edinburgh, pass list, 746; Sir D. Brewster elected principal of, 804; chancellorship of, 903, 912
——— of London, election of Dr. Storrar as a member of the Medical Council, 490; meeting for admission of graduates, 392; recognition of Cambridge University medical school, 490; pass lists, 729, 970, 1008
——— of Oxford, pass lists, 553; Radcliffe fellowships, 761
——— of St. Andrew's, pass lists, 415, 437, 930; examina-papers, 457; rumoured changes in examinational system of, 764, 804; examiners in, 971; new chancellor of, 1031; degree of master of arts conferred on Dr. Richardson by, 1033
Uræmia, apparent, Mr. J. Weaver on, 205
Urea, characters and formation of, 385; excretion of, in ague, 680; excess and deficiency of, 809
Urethra, stricture of, with enlarged prostate, 186; application of potassa fusa in retention of urine, 400, 436; stricture of, 439, 847, 933, 1014; Mr. Norman on treatment of, 448; internal incision in, 839; Mr. H. Thompson on, *rev.*, 893
Uric acid, characters and formation of, 427; in disease, 850
Urine in diphtheria, 85; incontinence of, Dr. Sloane on, 119; Mr. Griffith on, 270; Dr. Beale's lectures on, *see* lectures; glasses for examining, 271; quantity, *ib.*; colour, *ib.*; other physical properties, 272; specific gravity, 310; acid, 311; alkaline, *ib.*; healthy volatile constituents of, 384; organic constituents, 385, 426; systematic analysis, 428; inorganic constituents, 466, 501, 669; analysis of, 669; average composition, 670; in disease, 758; excess or deficiency of water and organic constituents, 759, 809, 850; in skin-disease, 851; in chorea, *ib.*; excess or deficiency of inorganic constituents, 941, 962; retention of, Mr. L. Parker on new mode of relieving, 400; cases of, 439; Mr. T. Paget on, 526; extravasation, 751, 905
Uroxanthine in urine, 810
Uterus, cancer of, 154; retroversion of with labour, Mr. Greaves on, 269; gravid, protruded in an umbilical hernia, 343; procidentia from lacerated perineum, 363; polypus of, 435, 858; Mr. L. Parker on syphilis of, 484; fibrous tumour of, 781, 1046; cases of prolapsus, 885; truss for prolapsus of, 1002; retroflexion of during labour, 1046

V.

Vaccination, public, letters on, 130, 360, 513, 920, 1007; proceedings in parliament regarding, 217, 236; instructions of Privy Council, 299, 301, 1009, 1032; report of Vaccine Board, 346; Mr. Fletcher on, 408; memorial of Mr. Griffin on, 615; replies to, 684; leading articles on, 966 986, 1003; Parisian establishment for, 991
Varicella, Mr. W. F. Cleveland on case of, 692
Varicocele, subcutaneous sections of veins in, 99; treated by Vidal's method, 905
Varicose veins, Mr. Gay on, 342
Vein, internal jugular, wound of, 933, 990. *See* Vessels.
Veins, varicose, Mr. Gay on, 342; Dr. Humphry on formation of clots in, 582, 601
Vertebral column, strength, flexibility, and curvatures of, 898
Vessels, diseased, Mr. Duncalfe on, 63; popliteal, rupture of, 79; femoral, wound of, 954
Veterinarian's Vade-Mecum, Mr. Gamgee's, *rev.*, 29
Victoria cross, medical recipients of, 370, 472
Vision, Mr. Nunneley on Organs of, *rev.*, 588
Vitality, influence of on secretions, Dr. Inman on, 350, 523; Mr. Spender on, 442; on excretions, Dr. Inman on, 461
Voltaic narcotism, 126
Vitreous body, use of ophthalmoscope in diseases of, 598
Vomiting and diarrhœa in pregnancy, Dr. T. H. Barker on, 600, 793; case of, 1047. *See* also Smethurst.
Vose, Dr., president's address, 617

W.

Wade, Dr. W. F., Observations on Diphtheritis, *rev.*, 85; ulcer of the stomach, 848
Wakley, Mr. T., requisition to, 321; testimonial to, 370
Walker, Dr. T., public vaccination, 1007
Waller, Dr. C., transfusion of blood, 233
Wallis, Mr. C. C., poor-law medical reform, 53
Walter, Mr. A. G., wound of liver, 562
Walthew, Mr. W., poor-law medical reform, 72
Ward, Mr. F. O., Human Osteology, *rev.*, 430
———, Dr. T. O., anomalous typhoid fever, 719
Walton, Mr. H., elephantiasis of scrotum, 510
Water of urine, 384, 759; used in lighthouses, 801
Waters, Dr. A. T. H., Fothergillian medal awarded to, 173; structure of lungs, 593; address in physiology, 685, 713
———, Dr. E., president's address to Lancashire and Cheshire Branch, 487
Watmough, Dr. I., administration of cod-liver oil, 900
Watson, Dr. J., aneurism of innominate artery, 123; simple colic, 500; croton oil in hydrocephalus, 540; treatment of boils, 745
Weaver, Mr. J., medico-legal case, 205
Webb, Mr. T., medical etiquette, 316
Webber, Mr. W., the Hunter memorial, 316
Weights in pharmacy, Dr. Paget on changes in, 621
Wells, Dr. E., alkalies or acids in stomach-disorders, 1038
———, Mr. T. S., ovarian disease and ovariotomy, 214; woorara in tetanus, 989
West, Dr. C., Diseases of Infancy and Childhood, *rev.*, 798
———, Mr. J. W., poor-law medical reform, 33, 129
———, Dr. R. U., fatal traumatic gangrene, 149; membranous croup, 233; anencephalian monster, 435; puerperal peritonitis, 642
Whitehead, Dr. J., Report of Clinical Hospital, *rev.*, 292
Williams, Dr. A. W., poor-law medical reform, 94; coagulation of the blood, 199
Windpipe, Dr. Garrett on Congestion of, *rev.*, 86
Winslow, Dr. F., responsibility of insane, 18
Woodforde, Dr. F. H., the Taunton and Somerset Hospital, 94, 115, 157
Woorara in tetanus, 800, 878, 989
Workhouses, lunacy in, 438
Wounded soldiers in the Italian hospitals, 744
Wrist, compound dislocation of, 691
Wybrants, Dr., medical charges, 157; strangulated femoral hernia, 166

Z.

Zinc, Dr. H. Porter on poisoning by chloride of, 651
Zymosis, Dr. B. W. Richardson on, 947

ILLUSTRATIONS.

	PAGE
Splint for Cases of Excision of the Knee	185
Eye-probes for Epiphora: Mr. J. V. Solomon, after Mr. Bowman	207
Apparatus for measuring the amount of Carbonic Acid expired: Dr. E. Smith	253
Retroversion of Uterus during Labour: Mr. G. Greaves	270
Conical Glasses for examining Urine: Dr. L. Beale	271
Two Needles for Reclination of Cataract: After Mr. J. V. Solomon	275
Patent Mushroom Pessary: After Mr. Bourjeaurd	312
Cancerous Tumour of the Eye: Mr. A. Prichard	329
Fissured Fracture of the Cranium: Mr. O. Pemberton. Figs. 1 and 2	383
Effects of Sherry-Wine and Saline Solutions on Blood-Corpuscles: Dr. W. Addison	465
Anterior Spinal Curvature in Asthma: Dr. Hyde Salter	694
Pigeon-Chest in Asthma: Dr. Hyde Salter	695
Crystals of Nitrate of Urea: Dr. L. Beale	761
Crystals of Chloride of Ammonium obtained by breathing over Hydrochloric Acid: Dr. L. Beale	*ib.*
Pessary for Vesico-Vaginal Fistula: Dr. J. B. Nevins	770
Crystals of Uroglaucine and Indigo from Urine: Dr. L. Beale. Two Figures	811
Calculi from Kidney and Loins: Dr. O. Daly	935
Casts of Biliary Ducts in Gall-Stones: Dr. Thudichum	936
Hook for steadying the Larynx in Tracheotomy: Dr. Lawford	943
Shortened Leg after Excision of the Knee-Joint: Mr. O. Pemberton	959
Sawn Articular Extremities in Excision of the Knee-Joint: Mr. O. Pemberton	998
Anchylosis after Excision of the Knee-Joint: Mr. O. Pemberton	999
Patent Nursing Apparatus: After Mr. C. Wright	1024

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PAGE
761
ib.
770
811
035
036
043
059
098
099
024